



Derbyshire County Council.

ANNUAL REPORT

OF THE

County Medical Officer of Health

For the Year 1925,

BY

W. M. ASH,

M.B., B.S., F.R.C.S., D.P.H.,

COUNTY MEDICAL OFFICER OF HEALTH.

DERBY:

J. W. SIMPSON AND SONS, LTD., PRINTERS, FRIAR GATE.





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M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),

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*To the Chairman and Members of the
Public Health and Housing Committee
of the Derbyshire County Council.*

GENTLEMEN,

I have the honour to present the Thirty-sixth Annual Report on the health of the County of Derby.

In accordance with the request of the Ministry of Health, this Report is a "Survey" Report dealing with the Public Health activities of the County, and where possible covers a period of five years. Such a "Survey" Report will be required in future by the Ministry of Health at the end of every five-yearly period.

I have tried to make this Report a comprehensive review of all matters relating to Public Health in the County, and have so arranged it that by the aid of the Table of Contents, it may be used for reference on such matters as Ambulance Facilities, Maternity & Child Welfare Sessions, Tuberculosis Dispensaries and other information which is not infrequently required at short notice.

I have perhaps taken up much space in dealing with the subject of cripples, but I particularly hope that the outlook for the cripple will be markedly improved in the future. All those Committees of the County Council who have to deal with this subject are giving the question of the treatment of crippling defects, a sympathetic and considered hearing, but the treatment of cripples cannot entirely eliminate the permanent cripple, and it is by reason of my anxiety that the permanent cripple should be employed in congenial and suitable occupation, that I have taken this opportunity of bringing his case forward in my Annual Report.

For many of the details given in the Sections relating to Rivers Pollution and Sewage Purification, Scavenging, and Further Sanitary Requirements, I am indebted to the Reports of the Medical Officers of Health of the Districts referred to.

I am, Gentlemen,
Your obedient Servant,
W. M. ASH,
County Medical Officer of Health.

*New County Offices,
St. Mary's Gate, Derby,
July 1926.*

TABLE OF CONTENTS.



	Page		Page
Ambulance Facilities	17	Midwifery Practice by Uncerti-	
Ante-natal Supervision	11, 113	fied Midwives	110
Area	9	Milk & Dairies (Consolidation)	
Bacteriological Examinations ...	74-78	Act, 1915	56
Bacteriological Laboratory ...	74	Milk Supply	56
Births	11	Occupations	10
Cancer	61	Ophthalmia Neonatorum ...	116
Causes of Sickness or invalidity	11	Physical Features	9
Closet Accommodation	41	Polio-Myelitis	116
Cowsheds—suggestions for dis-		Population	9
infection	58	Professional Nursing in the Home	28
Cripples under school age—Treat-		Public Health Staff	23-24
ment of	114	Puerperal Fever	107, 115
Deaths	11	Rateable Value	10
Diphtheria	60	River Pollution	32
Doctors' Fees—payment of ...	110	Sale of Food & Drugs Acts, 1875	
Encephalitis Lethargica ...	62	—1907	25
Enteric Fever	60	Sanitary Inspections in each	
Free Milk for Children	115	District	46-53
Further Sanitary Requirements		Scarlet Fever	61
of each District	118-121	Scavenging in each District ...	42-45
General Nursing	28	School Children Excluded ...	70
Goitre	69	School Clinics	20-21
Hospitals available	11	Schools Closed	71
Do. outside County	17	School Hygiene	72
Do. Cottage and other	16	Schools—Sanitary Condition of	72
Housing	54	Sewerage & Sewage Disposal in	
Hydrographical Survey of the		each District	32-39
River Trent	39-40	Small-pox	59
Infantile Mortality	10, 111	Do. Hospitals	15
Infant Welfare Centres	17	Special Sanitary Conditions ...	54
Infectious Diseases—generally	59, 66	Tubercle in Milk... ..	78
Do. in Schools	69	Tuberculosis	11, 78-104
Inhabited Houses	9	Tuberculosis Dispensaries ...	22
Inspection & Supervision of Food	25, 56	Venereal Diseases	105
Isolation Hospitals	12	Do. Cost of Scheme, 1925	105
Do. do. Condition of		Do. Drugs supplied to	
Grants to	12	Qualified Practitioners	106
Legislation in Force	27	Do. Treatment Centres	22
Maternity Homes	12, 112	Vital Statistics	10
Maternal Mortality	114	Voluntary Societies	114
Measles	61	Water Supply in each District ...	28-31
Mental Deficiency Act, 1913 ...	117	Whooping Cough	61
Midwives Acts. 1902 & 1918	106-111	Zymotic Diseases	11
Midwives—employment of and			
Subsidy to	109		

TUBERCULOSIS.

	Page		Page
After-Care	88	Memo 37 T. Ministry of Health	86
Bacteriological Work	90	Ministry of Pensions, Work done for	90
Bretby Hall Orthopædic Hos- pital	79	Nursing of Bedridden Cases ...	88
Cripples—Treatment of ...	79-82	Open-air Shelters	89
Deaths from Tuberculosis ...	85	Outside Institutions	82
Dental Arrangements	88	Penmore Pavilion	79
Derbyshire Sanatorium... ..	79, 96	Do. Admissions and Dis- charges	92
Admissions & Discharges, &c.	96	Prevention and Treatment of Tuberculosis	93
Artificial Pneumo-thorax ...	99	Public Health Act, 1925 (Sec. 62)	85
Condition of Patients Dis- charged 1915—1924	104	Public Health (Tuberculosis) Regulations, 1924	85
Cost of Maintenance	103	Public Health (Tuberculosis) Regulations, 1925	85
General Results	99	Sanatoria provided	11
Laboratory Work	101	Treatment of doubtful Contacts	92
Meteorological Records	101	Tuberculosis Scheme	78
Treatment... ..	97	Workmens Compensation (Silicosis) Act, 1918	94
Dispensaries <i>Facing p.</i>	90	X-ray Examinations	89
Domiciliary Visiting	88		
Extra Nourishment	88		

TABLES.

Page

I.	Birth-rate and Death-rate from the Seven Principal Zymotic Diseases, and all Causes, and Infant Mortality in the Whole County during the last Thirty-Five Years	<i>Frontispiece</i>
II.	Principal Vital Statistics for each District in the County	<i>Facing p.</i> 10
III.	Isolation Hospitals, Work done at	13
IV.	Do. Cases removed to	14
V.	Infant Welfare Centres. No. of Sessions and Attendances	18-20
VI.	Legislation in Force	27
VII.	Closet Accommodation	41
VIII.	Summary of Work done by Local Sanitary Inspectors ...	46-53
IX.	Work done under Housing Acts	<i>Facing p.</i> 55
X.	Cases of Small-pox notified	59
XI.	Enteric Fever. Case Mortality and Death-Rate ...	60
XII.	Cancer. Death-rate per annum in England and Wales, and in Derbyshire 1901—1925	61
XIII.	Encephalitis Lethargica—Cases notified 1920—1925 ...	63
XIV.	Cases of Notifiable Diseases notified during 1925... ..	64
XV.	Cases, Deaths, Case rate per 1,000 of population, and Case Mortality per cent from Small-pox, Searlatina, Diphtheria and Typhoid Fever	65
XVI.	Incidence of Notifiable Diseases	68
XVII.	Schools Closed—1914—1925	71
XVIII.	Bacteriological Specimens Examined	74
XIX.	„ „ „ in Districts	75
XX.	„ „ from Medical Practitioners...	76
XXI.	„ „ from Hospitals	77

	Page
XXII. Bacteriological Examinations of Venereal Diseases Specimens	77
XXIII. „ „ Sanatoria and Dispensaries	77
XXIV. „ Examinations of Milk Samples	78
XXV. Cases attending Venereal Diseases Centre	105
XXVI. Cost of Venereal Diseases Scheme	105
XXVII. Bacteriological Examinations	106
XXVIII. Midwifery Records Received	108
XXIX. Maternal Mortality, 1916—1925	114
XXX. Puerperal Fever—Case rate among Midwives and Doctors	115
XXXI. Ophthalmia Neonatorum—Incidence, Treatment and After-effects	116
XXXII. Mental Deficiency Act, 1913, Work done under ...	117

TUBERCULOSIS TABLES.

T. I. Patients in Outside Institutions	82
T. II. Number of Beds available	83
T. III. Extent of Residential Treatment	83
T. IV. Cases notified	84
T. V. Bacteriological Examinations of Sputa	90
T. VI. „ „ „ by Ellerman & Erlandsen Method	90
T. VII. Work done at Dispensaries	<i>Facing p.</i> 90
T. VIII. Home Visiting by Tuberculosis Officers	91
T. IX. Patients at Pennmore Pavilion during year	92

SANATORIUM.

D.S. I. Ministry of Health Classification	96
D.S. II. Society of Med. Supts. Classification	96
D.S. III. Ultra-Violet Light Treatment	98–99
D.S. IV. Duration of Residential Treatment	100
D.S. V. Meteorological Observations	102
D.S. VI. Cost of Sanatorium 1923—1926	103
D.S. VII. Condition of Patients Discharged from Sanatorium—1915—1924	104

PART II.

Further Sanitary Requirements in various Districts ...	118–121
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APPENDICES.

I. List of School Clinics, Infant Welfare Centres and Tuberculosis Districts arranged according to Sanitary Districts	At End
II. & II. (a) Causes of Death in each District	At End

TABLE I.

**Birth Rate and Death Rate from the Seven Principal Zymotic Diseases and all Causes
and Infantile Mortality in the Whole County during the last Thirty-Five Years.**

Year.		DEATH RATES PER 1,000 OF POPULATION.								Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Scarlatina	Diphtheria & Membranous Croup.	Typhoid Fever.	Measles.	Whooping Cough.	Diarrhœa	Seven Principal Zymotics			
1891 to 1900	WHOLE COUNTY ...	.028	.16	.17	.16	.43	.30	.58	1.87	17.1	33.7	147
	England and Wales ...	.012	.15	.27	.18	.39	.36	.71	2.14	18.3	29.9	153
1901 to 1910	WHOLE COUNTY ..	.004	.10	.16	.08	.26	.24	*.58	*1.58	14.1	28.5	126
	England and Wales ..	.016	.10	.17	.10	.30	.27	.77	1.50	15.3	27.1	128
1911 to 1920	WHOLE COUNTY ..	—	.04	.16	.03	.24	.16	.40	1.03	12.66	24.07	99
	England and Wales ..	.000	.04	.14	.03	.27	.18	.51	1.17	13.85	21.90	100
1921	WHOLE COUNTY ...	—	.02	.07	.01	.04	.10	†.26	.50	11.16	24.48	77
	England and Wales ...	.00	.03	.12	.02	.06	.12	†.34	.69	12.1	22.4	83
1922	WHOLE COUNTY ...	—	.02	.07	.003	.05	.14	†.13	.41	10.78	21.97	72
	England and Wales ...	.00	.04	.11	.01	.15	.16	†.13	.60	12.9	20.6	77
1923	WHOLE COUNTY ...	—	.01	.04	.01	.13	.14	†.14	.47	10.72	21.13	75
	England and Wales ...	.00	.03	.07	.01	.14	.10	†.15	.50	11.6	19.7	69
1924	WHOLE COUNTY ...	.00	.01	.05	.01	.06	.09	†.13	.35	11.00	20.75	70.5
	England and Wales ...	.00	.02	.06	.01	.12	.10	†.14	.45	12.2	18.8	75
1925	Urban Districts ..	.00	.02	.08	.00	.14	.11	†.11	.46	11.60	20.00	75.9
	Rural Districts ..	.00	.03	.09	.00	.09	.14	†.09	.44	11.27	20.89	80.9
	WHOLE COUNTY ...	.00	.03	.09	.00	.11	.12	†.10	.45	11.45	20.42	78.4
	England and Wales ...	.00	.03	.07	.01	.13	.15	†.15	.54	12.2	18.3	75

* Since 1901 the Deaths from Enteritis, etc., are included.

† Deaths from Diarrhœa under 2 years of age only.

Report on the Health of Derbyshire for the Year 1925.

PART I.

THE COUNTY AS A WHOLE.

NATURAL AND SOCIAL CONDITIONS.

AREA.

The Administrative County of Derby comprises 40 Sanitary Districts, of which 25 are Boroughs and Urban Districts, and 15 Rural Districts. The County has a total area of 645,097 acres, 92,801 of which fall within the Urban Districts, and 552,296 in the Rural Districts. This acreage includes inland waters.

POPULATION.

The population of the Administrative County, as estimated by the Registrar-General for the year 1925, is 611,700. Of this population, 320,400 are resident in the Urban Districts and 291,300 in the Rural Districts. The population of each Sanitary District is given in Table II.

PHYSICAL FEATURES.

The physical features and general character of the area vary. There are three distinct types of country in the County: the South-Western and Western portion is typically undulating agricultural land; the Northern part is noted for its mountainous character, whilst the Eastern part is a coal-mining and industrial area.

INHABITED HOUSES.

The number of "Structurally Separate Dwellings" in the Administrative County at the time of the Census 1921 was 153,135, the number of families or separate occupiers being 160,402.

The estimated number of houses at the end of 1925 was 136,455, of which 70,306 are in the Urban Districts and 66,149 in the Rural Districts.

During the year 1925, 2,849 new houses were erected, 582 under Housing Schemes, and 1,707 by private enterprise with State assistance.

Separate particulars relating to Housing are given in Table IX. and further reference will be found in Part II. of the Report, under the heading " Districts Separately."

RATEABLE VALUE.

The Rateable (or Assessable) Value of the Administrative County for County Rate purposes is £3,181,179. A Penny Rate over the whole County represents the sum of £13,255.

OCCUPATIONS.

The chief occupations of the inhabitants in the East and North-East of the County are coal-mining and iron-founding. Coal mining is also carried on in a small area in the South-Western portion. The Western and Central parts are mainly agricultural. In that portion of the County adjoining Lancashire the staple industries are those connected with the cotton trade, whilst in the South-Eastern portion of the County, adjoining Nottinghamshire, there is a population chiefly occupied in the lace trade. In the Northern and North-Central areas the chief industries are quarry-working, limestone-crushing, lime-burning, working and dressing the mill-stone grit, and silica brick making. A number of the industries are of a dusty nature and come under the heading of " Refractories Industries " which are known to be pre-disposed to pulmonary diseases.

VITAL STATISTICS.

The Vital Statistics relating to the County for the year under review are given in the Table II. Below are the main rates for Derbyshire compared with those for England and Wales, and for comparison I have also included the 1924 figures for the County.

			<i>England & Wales.</i>		<i>Derbyshire.</i>	
			1925.	1925.	1924.	
Birth-Rate	...	...	18.3	20.42	20.75	
Death-Rate	...	...	12.2	11.45	11.00	
Infantile Mortality Rate			75.0	78.4	70.5	

Infantile Mortality.—It will be seen that the Infantile Mortality has increased from 70.5 to 78.4 per thousand births. The increase is almost entirely in the Rural Districts, viz., from 66.8 in 1924 to 80.9 last year : whilst in the Urban Districts the increase is only one of 1.7 per thousand births, viz., from 74.2 in 1924 to 75.9 last year.

Looking through the actual causes of death of children under one year of age in the Rural Districts, it is found that the chief increases are under the headings of bronchitis, pneumonia and congenital debility and premature birth. One is pleased to see that although the summer was hot and dry, there has been a reduction in the death-rate from diarrhoea and allied diseases, which group of diseases is most closely related to the sanitary circumstances. The

Table II.

COUNTY OF DERBY. Year ending December 31st, 1925.

Table giving the Birth Rates and the Death Rates from several causes, in each of the URBAN Sanitary Districts of the County.

Table giving the Birth Rates and the Death Rates from		Annual Rates per 1,000 of Estimated Population.																
URBAN SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in acres (Land and Water).	POPULATION.				Estimated Population 1925.	BIRTHS.	DEATHS.	Birth Rate.	Death Rate	Zymotic Death Rate.	Death Rate from continued fever and Diarrhoeal Diseases (under 2 years)	Phthisis Death Rate	Respiratory Death Rate.	Infantile Death Rate per 1,000 Births		
			Census. 1911	Census. 1921	Ratio 1921 to 1911 Percent- age.	Corrected Population 1921. *												
ALFRETON	S. O. Bingham, M.R.C.S.	4,626	19,046	20,472	108	20,800	21,900	470	246	21.46	11.23	.50	.13	.32	.82	59.5		
ALVASTON AND BOULTON	C. F. Druitt, M.R.C.S., L.R.C.P.	1,591	1,398	1,620	115	1,632	1,635	35	29	21.41	17.74	.59	...	2.44	4.89	28.5		
ASHBOURNE... ..	E. A. Sadler, M.D.	573	4,059	4,144	102	4,166	4,472	69	36	15.43	8.05	.89	...	.67	.45	72.4
BAKEWELL	C. W. Evans, M.B.	3,061	3,078	3,064	99	2,964	2,960	49	24	16.55	8.10	...	...	.33	.67	20.4
BASLOW AND BUBNELL	T. Fentem, M.D., D.P.H.	5,634	858	866	101	911	792	5	12	6.31	15.15	...	...	...	...	...
BELPER	R. C. Allen, M.R.C.S., D.P.H.	3,183	11,640	12,324	104	12,330	12,870	265	142	20.59	11.03	.54	...	.62	1.47	60.3
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	11,214	11,475	102	11,700	12,630	315	123	24.94	9.73	.55	.31	.55	1.50	95.2		
BONSALL	A. G. Harvey, M.B.	2,447	1,248	1,167	94	1,170	1,197	25	11	20.89	9.19	...	...	1.67	.83	80.0
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,000	2,059	2,316	112	2,323	2,170	43	29	19.82	13.36	.46	...	...	.92	23.2
BUXTON (Borough)... ..	T. B. Flint, M.R.C.S.	3,101	13,760	15,641	114	14,790	15,360	223	167	14.52	10.87	.39	.13	.78	1.36	93.6		
CHESTERFIELD (Borough)	R. P. Garrow, M.D., D.P.H.	8,474	55,309	61,232	111	62,400	65,800	1,488	776	22.61	11.79	.56	.07	.94	2.15	74.5		
CLAY CROSS... ..	N. K. Sparrow, L.R.C.P.I.	1,467	8,365	8,686	104	8,840	9,338	244	145	26.12	15.52	.64	.32	.53	3.74	77.8		
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	3,943	4,434	112	4,448	4,456	75	45	16.83	10.10	.44	.22	.22	1.12	66.6		
GLOSSOP (Borough)... ..	E. H. M. Milligan, M.D., D.P.H.	3,052	21,688	20,531	95	20,870	20,100	284	268	14.13	13.33	.39	.05	.89	2.28	45.7		
HEAGE... ..	R. C. Allen, M.R.C.S., D.P.H.	2,367	3,474	3,740	107	3,801	4,231	81	32	19.14	7.56	...	...	.94	.94	24.6
HEANOR	W. H. Turton, M.B.	3,509	19,851	21,436	108	21,870	22,400	447	242	19.95	10.80	.66	.26	.66	2.23	78.2		
ILKESTON (Borough)	R. de V. King, M.R.C.S., D.P.H.	2,526	31,657	32,266	102	32,980	33,750	721	413	21.36	12.24	.50	.23	.74	3.34	110.9		
LONG EATON	J. Moir, M.B.	3,323	19,207	19,489	102	20,499	22,400	395	226	17.63	10.09	.09	...	.80	1.92	68.3
MATLOCKS	H. Fleming, M.B.	7,001	10,343	10,545	102	9,555	9,588	156	135	16.27	14.08	.10	.10	.62	1.98	64.1		
NEW MILLS	G. B. Pemberton, M.B.	5,204	8,998	8,490	94	8,590	8,764	140	123	15.97	14.03	.34	.11	.34	2.28	71.4		
NORTH DARLEY	S. E. Morton, M.R.C.S.	5,142	3,317	3,264	98	3,219	3,429	56	36	16.33	10.50	...	...	.87	1.45	71.4
RIPLEY	R. A. Ryan, L.R.C.P.I.	2,815	11,848	13,292	112	13,560	13,940	224	119	16.07	8.53	.23	...	.14	1.00	35.7
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	809	740	91	731	677	14	15	20.68	22.15	1.47	...	1.47	4.43	285.7		
SWADLINCOTE	S. T. Cochrane, M.D.	3,670	18,674	20,012	107	20,440	21,700	493	260	22.72	11.98	.61	.09	.46	2.30	97.3		
WIRKSWORTH	E. D. Broster, M.R.C.S., L.R.C.P.	3,027	3,888	3,610	93	3,606	3,841	92	65	23.95	16.92	.52	...	.52	2.60	54.3
TOTAL		92,801	289,731	304,856	105	308,095	320,400	6,409	3,719	20.00	11.60	.46	.11	.68	2.02	75.9		

* Corrected by Registrar-General for holiday movement

particularly severe weather experienced in the latter part of 1925 no doubt greatly added to the death-rate from bronchitis and pneumonia.

By far the greatest increase was in the premature birth and congenital debility group; 228 deaths were recorded from these conditions compared with 192 in the previous year, whilst bronchitis and pneumonia together only showed an increase of 21 deaths.

If these figures teach any lesson, it is the need for more ante-natal supervision. This need I have persistently pointed out to those who are in any way connected with the practice of midwifery.

Deaths.—7,002 deaths occurred during the year, giving a death-rate of 11·45 per thousand of the population, a slight increase on that of the previous year which was 11·00.

Births.—The Birth-Rate for Derbyshire continues to fall, as does that for the Country as a whole. There were 12,491 births registered during the year giving a birth-rate of 20·42 per thousand of the population. The legitimate births numbered 12,011, and the illegitimate 480.

Zymotic Diseases.—The Zymotic Death-Rate was 0·45 per thousand of the population as compared with 0·35, the rate for the previous year.

Causes of Sickness or Invalidity.—Under this heading there has been nothing specially noteworthy during the year under review.

Silicosis is referred to in a later section. Small-Pox is mentioned under Prevention and Control of Infectious diseases, page 59.

Table XIV. sets out the number of cases of notifiable diseases reported by the Medical Officers of Health of the various Districts and Table XV. the cases, deaths, &c. from Small-Pox, Scarlatina, Diphtheria and Typhoid Fever.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY COUNCIL.

TUBERCULOSIS

There are in the Administrative County of Derby, three such hospitals for the accommodation of cases of tuberculosis occurring within the area:—

1. Walton Sanatorium,
2. Penmore Pavilion,
3. Bretby Hall Orthopædic Hospital (opened April, 1926).

Further information concerning these institutions is given under the heading of Tuberculosis on page 79.

MATERNITY HOMES.

The County Council have provided Maternity Homes at Ashbourne and Ripley, and have contracted with the Chesterfield Corporation for the use of 4 beds at the Chesterfield Maternity Home.

Ashbourne.—During the calendar year 77 cases were admitted to this Home. Of these 68 were delivered by midwives and 9 by doctors.

During the financial year ended March 31st, 1926, 67 cases were admitted compared with 90 for the previous twelve months, the total cost being £669; the fees received amounted to £334, leaving a net cost to the County of £335.

The present Home at Ashbourne is in a dilapidated condition, and it has been decided to close it and erect another at Ashbourne containing 9 beds at a cost of approximately £5,500. It is anticipated that the new Home will be opened towards the end of 1926.

Ripley.—During the calendar year, 130 patients were admitted to the Home. Of these 85 were delivered by midwives and 35 by doctors. The remaining 10 patients were admitted on account of abortion or other complications of pregnancy.

For the financial year ended March 31st, 1926, the number of admissions was 124, the gross cost being £1,073. The sum of £644 was received as fees from the patients leaving a nett cost of £429 to the County. The cost of these two Institutions compare extremely favourably with those of similar institutions throughout the Country.

Chesterfield.—During the calendar year, 126 cases were admitted from the County area, of whom 53 were normal cases paying the full fee, whilst during the same period. 6 infants were admitted to the Infants' Hospital, 3 of whom died.

The agreement with the Chesterfield Corporation for the use of beds for infants at the Chesterfield Maternity Home was terminated on October 1st, 1925, but from that date the number of maternity beds has been increased from 3 to 4.

FEVER HOSPITALS.

There are in the County ten Isolation Hospitals provided under the Isolation Hospitals Acts, and in addition the Buxton Borough Council has its own hospital which is not provided under these Acts.

The County Council gives grants towards the establishment expenses of Isolation Hospitals under the following conditions which were approved by the Council in April, 1907 :—

- (a) That a grant shall only be made for such number of beds as shall not exceed one for every 2,000 of population of the Hospital District.

Table IIa.

COUNTY OF DERBY.

Year ending December 31st, 1925.

Table giving the Birth Rates and the Death Rates from several causes, in each of the RURAL Sanitary Districts of the County.

Table giving the Birth Rates and the Death Rates																
RURAL SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in Acres (Land and Water).	POPULATION.				Estimated Population 1925.	BIRTHS.	DEATHS.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.						
			Census 1911.	Census 1921.	Ratio 1921 to 1911 Percentage	Corrected Population 1921.				Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from continued Fevers and Diarrheal Diseases.	Phthisis Death Rate.	Respiratory Death Rate.	Infantile Death Rate per 1,000 Births.
ASHBOURNE	H. H. Hollick, M.R.C.S.	70,380	10,294	10,367	101	10,300	10,450	186	103	17·80	9·85	·38	...	·09	·67	43·0
BAKEWELL	T. Fentem, M.D., D.P.H.	81,772	18,461	18,666	100	18,100	18,270	306	251	16·75	13·74	·16	·05	·27	1·75	55·5
BASFORD	W. H. Parkinson, M.D., D.P.H. ...	3,569	1,450	1,481	102	1,504	1,618	31	16	19·16	9·88	...	...	1·85	·61	32·2
BELPER	R. Morrison, L.R.C.P. & S.	50,357	23,586	23,494	100	23,620	24,130	429	259	17·78	10·73	·45	·04	·29	1·41	60·6
BLACKWELL	A. H. Wear, M.B., B.S., D.P.H. ...	21,237	39,306	41,880	107	42,450	45,980	1,220	490	26·53	10·66	1·00	·34	·65	2·37	100·8
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., D.P.H.	80,389	16,935	16,144	95	15,890	16,140	238	184	14·75	11·40	·31	...	·43	1·73	79·8
CHESTERFIELD	H. Peck, M.D., D.P.H.	68,068	71,653	76,143	106	77,000	81,050	1,883	937	23·23	11·56	·34	·06	·58	2·23	91·3
CLOWN	W. Spencer, L.R.C.P.	13,428	17,844	17,506	98	17,730	18,690	450	195	24·08	10·43	·32	...	·42	2·03	88·8
GLOSSOP DALE	E. H. M. Milligan, M.D., D.P.H. ...	17,891	4,009	3,780	94	3,810	3,724	42	52	11·28	13·96	...	...	·53	3·49	23·8
HARTSHORNE AND SEALS	R. W. Logan, M.R.C.S.	11,479	7,939	8,598	108	8,720	8,814	198	107	22·46	12·13	·34	·22	·34	2·04	85·8
HAYFIELD	G. B. Pemberton, M.B.	10,282	5,170	4,520	87	4,413	4,312	54	60	12·52	13·91	23	...	·23	2·32	148·2
NORTON	C. Aldis, M.B., B.S.	8,738	3,919	4,639	118	4,570	4,509	71	57	15·75	12·64	·44	·22	1·10	·88	42·2
REPTON (with County Asylum)	A. H. Holmes, M.D.	54,273	16,133	16,500	102	16,420	17,010	292	186	17·17	10·93	·23	...	·17	1·47	47·9
SHARDLOW	S. Hunt, M.R.C.S.	43,134	30,900	33,755	109	33,501	34,080	628	355	18·43	10·42	·44	·05	·61	1·29	62·1
SUDBURY	G. H. Herbert, M.R.C.S.	17,299	2,683	2,537	94	2,509	2,523	54	31	21·40	12·29	·39	...	·79	1·58	74·1
RURAL DISTRICTS		552,296	270,282	280,010	104	280,537	291,300	6,082	3,283	20·89	11·27	·44	·09	·49	1·88	80·9
URBAN DISTRICTS		92,801	289,731	304,856	105	308,095	320,400	6,409	3,719	20·00	11·60	·46	·11	·68	2·02	75·9
WHOLE COUNTY		645,097	560,013	584,866	104	588,632	611,700	12,491	7,002	20·42	11·45	·45	·10	·59	1·95	78·4

* Corrected by Registrar-General for holiday movement.

TABLE III.

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.

Year ended March 31st, 1925.

Name of Hospital.	Belper.	Chesterfield—Penmore.		Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkeston.
		Infectious Diseases.	Tuberculosis.								
Total Number of Beds in Hospital ...	50	60	18	28	26	36	37	46	38	36	25
*Number of beds in accordance with Ministry's requirements ...	18	30	—	18	18	18	24	16	18	18	10
Population of Hospital District 1924...	79,089	66,036		171,248				29,342	56,815	22,170	33,450
Cases Admitted during year ended March 31st, 1925 :—											
Scarlet Fever ...	204	83	—	109	67	—	134	92	90	69	70
Diphtheria ...	52	44	—	35	84	—	81	52	19	29	3
Typhoid Fever ...	1	3	—	4	2	—	13	—	—	—	—
Other Diseases ...	3	13	33	...	—	382‡	2	—	—	4‡	9
TOTAL ...	260	143	33	148	153	382	230	144	109	102	82
Average number of patients in Hospital each day ...	19·7	15·9	15·4	14·3	14·3	24·4	20·4	19	11	11	8·1
Permanent Staff residing in Hospital ...	9	17	5	9	9	15	12	12	13	7	6
Non-resident Staff in addition to Clerk and Doctor ...	1	2	1	1	1	—	1	4	—	2	1
Average number of days each case in Hospital ...	37	39	114·23	32	30	22	30	47	41	38	34
Establishment Expenses—	£	£	£	£	£	£	£	£	£	£	£
Maintenance of Staff at 10/- per head per week ...	260	442	130	234	234	390	312	317	242	207	156
Furniture, Bedding ...	412	73	42	56	44	41	78	121	108	96	54
Hardware, &c. ...	67	62	17	22	18	36	52	71	40	58	28
Coal, &c. ...	291	517	115	143	127	179	162	328	325	178	198
Repairs ...	897	684	4	22	30	39	87	82	350	38	40
Uniforms ...	52	57	—	23	21	23	17	47	14	30	—
Salaries ...	1,240	1,419	436	747	656	1,648	749	1,049	868	583	520
Rent and Rates ...	148	346	72	172	138	146	138	199	91	133	49
Office Expenses ...	130	90	4	52	72	65	71	66	94	39	27
Other Expenditure ...	34	—	—	—	—	—	—	—	7	101	—
TOTAL ...	3,531	3,690	820	1,471	1,340	2,566	1,666	2,280	2,139	1,463	1,072
Structural Expenses :—											
Repairs ...	466	...	...	294	317	1,918	—	421	...	337	203
Principal on Loans Repaid ...	343	605	...	368	375	457	291	513	533	313	...
Interest on Loans ...	44	374	...	...	...	...	194	72	...	96	...
Other Expenditure ...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	853	979	...	662	692	2,375	485	1,006	533	746	203
Patients' Expenses :—											
Conveyance and Removal of Patients ...	352	28	4	37	40	1	38	94	70	39	59
Maintenance of Patients ...	517	150	504	100	133	275	184	431	395	293	145
Medicines and Disinfectants ...	82	74	39	47	46	49	52	98	70	44	42
Other Expenditure required for Patients individually ...	18	...	...	...	...	...	...	...	...	...	56
TOTAL ...	969	252	547	184	219	325	274	623	535	376	302
TOTAL COST ...	5,353	4,921†	1,367	2,317	2,251	5,266	2,425	3,909	3,207	2,585	1,577
PATIENTS' EXPENSES—PER PATIENT ...	£ s. d. 3 14 6	£ s. d. 1 15 3	£ s. d. 16 11 6	£ s. d. 1 4 10	£ s. d. 1 8 7	£ s. d. 0 17 0	£ s. d. 1 3 10	£ s. d. 4 6 6	£ s. d. 4 18 2	£ s. d. 3 13 9	£ s. d. 3 13 8
" " PER HEAD PER WEEK ...	0 14 0	0 6 4	1 0 4	0 5 5	0 6 8	0 5 5	0 5 6	0 12 10	0 16 9	0 13 7	0 15 2
Provisions for Patients and Staff ...	777	592	634	322	355	653	484	748	637	500	301
Name of Medical Superintendent ...	R. C. Allen	R. P. Garrow		H. Peck	H. Peck	H. Peck	H. Peck	N. Kennedy	C. H. Latham	A. H. Holmes	R. do V. King
Name of Clerk ...	J. Pym	P. Morris.		W. E. Wakerley	W. E. Wakerley	W. E. Wakerley	W. E. Wakerley	W. B. Bunting	J. Spencer	H. S. Askew	W. E. Veasey
Grant due in accordance with Reports of Council, April 17th, 1907, and July 7th, 1920.	300 0 0	458 17 0		1,156 10 0				240 0 0	289 10 0	180 0 0	147 3 0

June, 1926.

*County Council Grant only given for one bed in accordance with the Ministry's requirements per 2,000 of Population.

†Smallpox Cases.

‡Also £5,047, for Smallpox cases.

TOTAL EXPENDITURE ON DERBYSHIRE ISOLATION HOSPITALS = £38,858.
TOTAL GRANTS (INCLUDING £30 FOR HADDON JOINT HOSPITAL COMMITTEE) = £2,802 0s. 0d.

W. M. ASH,

JOHN HUNT.

(b) No grant shall exceed £10 per occupied ward space of 2,000 cubic feet per annum, and £9 per unoccupied ward space of 2,000 cubic feet per annum.

Provided always that if the unoccupied ward space per annum is :—

50 per cent of the whole, the		grant shall not exceed		£8 per ward space of 2,000	
				cubic feet unoccupied	
60	”	”	£7	”	”
70	”	”	£6	”	”
80	”	”	£5	”	”
90	”	”	£4	”	”
95	”	”	£2	”	”
100	”	”	be nil.	”	”

(c) That a system of accounts approved by the County Council shall be kept.

(d) That an Annual Abstract of Accounts shall be forwarded to the County Council on a schedule approved by them.

(e) That the following goods shall be obtained under contract, the form of contract to be approved by the County Council :—Appliances, disinfection, drugs, draperies and bed-linen, stationery, hardware, furniture, coal, meat, groceries, milk, bread, and flour

(f) That the actual “ Patients’ Expenses,” as defined by Section 17 of the Isolation Hospitals Act, shall be charged as Patients’ Expenses.

(g) That the general efficiency of the administration, including the sanitary condition of the buildings, the efficiency of arrangements for disinfection, and the general nursing arrangements and discipline, be taken into account when fixing the grant.

N.B.—In view of the increased cost of maintenance, the County Council increased the above Grants by 50% in July, 1920.

Statistical information relating to the Isolation Hospitals is set out in Tables III and IV.

TABLE IV.

**CASES OF INFECTIOUS DISEASES NOTIFIED WITHIN THE FOLLOWING
HOSPITAL DISTRICTS.**

NORTH DERBYSHIRE HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1925	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Bolsover U. ..	12630	7	7	50	43	37	30	3	3	97	83
Clay Cross U. ..	9338	53	47	29	16	3	1	—	—	85	64
Dronfield U. ..	4456	—	—	8	8	1	1	1	1	10	10
Blackwell R. ..	45980	77	77	232	183	52	41	3	3	364	304
Chesterfield R. ..	81050	93	91	281	220	168	103	5	3	547	417
Clowne R. ..	18690	1	1	26	22	25	22	2	2	54	47
Norton R. ..	4509	—	—	14	11	1	1	—	—	15	12
<i>Totals</i> ..	176653	231	223	640	503	287	199	14	12	1172	937

CHESTERFIELD HOSPITAL DISTRICT.

Brampton & Walton U. ..	2170	—	—	9	4	—	—	—	—	9	4
Chesterfield Boro' ..	65800	77	76	216	181	77	70	3	2	373	329
<i>Totals</i> ..	67970	77	76	225	185	77	70	3	2	382	333

BELPER HOSPITAL DISTRICT.

Alfreton U. ..	21900	—	—	44	21	25	3	1	—	70	24
Belper U. ..	12870	2	2	77	64	67	34	—	—	146	100
Heage U. ..	4231	—	—	9	8	5	5	—	—	14	13
Ripley U. ..	13940	1	1	26	14	5	2	—	—	32	17
Wirksworth U. ..	3841	—	—	3	2	—	—	—	—	3	2
Belper R. ..	24130	—	—	87	48	31	6	5	1	123	55
<i>Totals</i> ..	80912	3	3	246	157	133	50	6	1	388	211

ILKESTON HOSPITAL DISTRICT.

Ilkeston Boro' ..	33750	—	—	16	14	2	1	—	—	18	15
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SHARDLOW HOSPITAL DISTRICT.

Alvaston & Boulton U. ..	1635	18	17	2	1	4	2	—	—	24	20
Long Eaton U. ..	22400	—	—	53	44	5	4	—	—	58	48
Shardlow R. ..	34080	12	11	105	83	48	42	2	2	167	138
<i>Totals</i> ..	58115	30	28	160	128	57	48	2	2	249	206

REPTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1925.	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ashbourne R. (certain Parishes only)	2862	—	—	3	3	—	—	1	—	4	3
Repton R. ..	17010	2	2	81	77	4	4	1	—	88	83
Sudbury R. ..	2523	—	—	1	1	—	—	—	—	1	1
<i>Totals</i> ..	22395	2	2	85	81	4	4	2	—	93	87

HADDON HOSPITAL DISTRICT.

Bakewell U. ..	2960	—	—	4	1	—	—	—	—	4	1
Baslow U. ..	792	—	—	—	—	—	—	—	—	—	—
Bonsall U. ..	1197	—	—	—	—	—	—	—	—	—	—
Matlocks U. ..	9588	—	—	9	8	1	—	1	—	11	8
North Darley U. ..	3429	—	—	5	3	4	—	—	—	9	3
South Darley U. ..	677	—	—	1	—	—	—	—	—	1	—
Bakewell R. ..	18270	—	—	22	8	3	—	—	—	25	8
<i>Totals</i> ..	36913	—	—	41	20	8	—	1	—	50	20

HIGH PEAK HOSPITAL DISTRICT.

New Mills U. ..	8764	—	—	11	10	8	3	5	5	24	18
Chapel R. ..	16140	—	—	63	60	2	2	—	—	65	62
Hayfield R. ..	4312	—	—	20	17	5	5	1	—	26	22
<i>Totals</i> ..	29216	—	—	94	87	15	10	6	5	115	102

BUXTON HOSPITAL DISTRICT.

Buxton (Boro') ..	15360	—	—	23	20	6	2	1	1	30	23
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SMALL-POX HOSPITALS.

Belper.—There is a Small-pox block separated from the main body of the Isolation Hospital, with accommodation for 12 patients. The small-pox block is of galvanized-iron lined with deal matchboarding. The total cost of this block at the time of its erection was £200.

Chesterfield and North Derbyshire.—The accommodation for cases of small-pox provided by these two Hospital Committees is 27 beds at Spital Hospital, and 60 at Morton : 32 of these beds at the latter Institution are in a ward specially erected for the treatment of this disease, the others are in the main building.

High Peak.—There is a small-pox hospital situated in the field adjoining the main hospital, with accommodation for 12 patients.

Shardlow.—Small-pox cases from the Shardlow Rural District and the Alvaston & Boulton Urban District are taken to the Long Eaton Small-Pox Hospital under terms of agreement with the Long Eaton Urban District Council. The agreement provides that the number to be admitted at any one time shall not exceed half the beds for the time being, in the hospital.

Repton.—This Small-Pox Hospital comprises a separate block in connection with the Isolation Hospital situated at Etwall ; 8 beds are provided therein, 4 for males and 4 for females.

Ilkeston.—Cases occurring in the Borough of Ilkeston are sent to the Ilkeston Infectious Diseases Hospital, in which event other infectious diseases are accommodated at Draycott, Basford or Derby Isolation Hospital. If the Borough Hospital is already engaged with infectious diseases other than small-pox, the latter are sent to the Nottingham City Small-Pox Hospital. The normal accommodation of the hospital is 17 beds, but an Army hut extension was made in 1922 to deal with an epidemic of small-pox, and as a result 25 patients can now be accommodated.

OTHER HOSPITALS.

WITHIN THE COUNTY AREA.				No. of Beds.
Derby and Derbyshire Royal Infirmary	...	...	...	330
Derby and Derbyshire Women's Hospital	...	...	...	26
Derbyshire Hospital for Sick Children	...	...	...	52
Chesterfield and North Derbyshire Hospital	...	...	...	150
Chesterfield Maternity Home	...	...	...	18
Ripley Maternity Home	...	...	...	8
Ashbourne Maternity Home	...	...	...	3
Ilkeston Maternity Home (part of Isolation Hospital)	...	...	...	27
Buxton and District Cottage Hospital	...	...	...	36
Devonshire Hospital, Buxton	...	...	...	300
Bakewell and District War Memorial Cottage Hospital	...	...	...	7
Whitworth Hospital, Darley Dale	...	...	...	18
Ashbourne Victoria Memorial Cottage Hospital	...	...	...	12
Wirksworth Cottage Hospital	...	...	...	7
Ripley Cottage Hospital	...	...	...	17
Ilkeston do.	...	...	...	60

WITHOUT THE COUNTY BOUNDARY BUT AVAILABLE FOR COUNTY CASES.

Sheffield Royal Infirmary
 Sheffield Royal Hospital
 Jessop Hospital for Women, Sheffield
 Mansfield District Hospital
 St. Mary's Hospital, Manchester
 Royal Infirmary, Manchester
 Stockport Infirmary
 Burton-on-Trent General Infirmary

A Donation of £50 is given annually by the County Council to the Derbyshire Hospital for Sick Children.

AMBULANCE FACILITIES.

(a) FOR INFECTIOUS CASES.—Motor ambulances for the conveyance of cases of infectious diseases are provided in connection with the Isolation Hospitals in each case except Langwith. At Belper, Repton, Penmore, Dronfield, High Peak and Shardlow, they have their own motor ambulances, while in the case of Mastin Moor, Morton and Ilkeston, motor ambulances are hired. In the hospitals where a motor ambulance is provided, the cost of conveyance of patients shews a marked reduction on the comparative figure under this heading prior to the acquisition of the ambulances.

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—Ambulances are provided by the Derbyshire Red Cross Society for use in case of accident or illness. During 1925 over 1,400 patients were carried; the total mileage being over 12,700 miles. A charge is made which may be reduced or remitted in necessitous cases. These ambulances are stationed in different parts of the County as tabulated below :—

				<i>Telephone Nos.</i>
Red Cross Garage, Bakewell	...	...	Bakewell	4
Sander's Garage, Buxton	...	...	Buxton	76
Mr. Gilbert's Garage, Creswell	...	...	Creswell	14
The Fire Station, Derby	...	...	Derby	1
21, Crompton Street, Derby	...	...	Derby	1361
Galtee House, Ilkeston	...	...	Ilkeston	161
Mr. Crosland's Garage, New Mills	...	...	New Mills	63
Oak Cottage, Sudbury	...	...	Sudbury	1
Mr. Gabbitts, High Street, Stonebroom	...	...	Tibshelf	19x

There are also privately owned ambulances in connection with Collieries and other large works, and in many cases these are loaned when necessity arises.

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare Centres.—The County Council provides, under its Maternity and Child Welfare Scheme, 50 Infant Welfare Centres, 19 of which are situated in Urban Districts and 31 in Rural Districts. The majority of the Centres hold weekly sessions and are under medical supervision. A Health Visitor is in attendance at each session.

Details of the Infant Welfare Centres are set out in Table V.

TABLE V.
INFANT WELFARE CENTRES.

Address.	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	No. of Sessions.	Average Attendance per Session.		Present arrangements for medical supervision.
				Expectant Mothers	Children.	
URBAN DISTRICTS.						
ALFRETON.						
Salem School, Somercotes	Fortnightly	2nd and 4th Monday, 3—5	21	0·20	27·70	Dr. Pooler, Monthly
Methodist Free Church, Alferton	Do.	1st & 3rd Monday, 2—6	21	0·35	28·25	Dr. Pooler, Monthly
The Schoolroom, Ironville	Monthly	4th Monday 2—4	10	1·20	15·80	Dr. Pooler, Monthly
Congregational Assembly Room, Riddings	Fortnightly	1st & 3rd Monday, 2—4	20	2·70	41·10	Dr. Pooler, Monthly
ASHBOURNE.						
St. John's Rooms, Ashbourne	Weekly	Wednesdays, 12—4	48	1·55	26·66	Dr. Heffernan, Monthly
BELPER.						
Green Hall, Belper	Weekly	Thursdays, 2—4	44	0·44	34·00	Dr. Puree, Monthly
BOLSOVER.						
Church Hall, Bolsover	Fortnightly	1st & 3rd Tues., 2—4	41	0·10	8·44	Dr. Pooler, Fortnightly
NEW BOLSOVER.						
Bainbridge Hall, Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	41	0·27	8·00	Dr. Pooler, Fortnightly
CLAY CROSS.						
The Vicarage, Clay Cross	Weekly	Wednesday, 1.30—4	48	1·72	63·63	Dr. Pooler, Weekly
DRONFIELD.						
Cong. Chapel, Dronfield	Weekly	Monday, 1—4	44	0·07	20·48	Dr. Burke, Monthly
HEANOR.						
Recreation Pav., Heanor	Weekly	Monday, 1—4	46	0·38	35·81	Dr. Maedonald monthly
Wesleyan Schoolroom, Langley Mill	Fortnightly	1st & 3rd Weds., 2—4	22	0·40	29·32	Dr. Maedonald monthly
LONG EATON.						
4, Notts. Road, Long Eaton	Twice Weekly	Mon. & Thurs., 2.30—4	96	1·62	64·20	Dr. Moir, weekly
Wes. Schoolroom, Victoria Street, Sawley	Weekly	Tuesdays, 2—4	48	0·43	15·85	Do.
NEW MILLS.						
St. James' Schoolroom, New Mills	Weekly	Thursdays, 2—4	37	0·28	21·79	Dr. Pemberton, Fortnightly
RIPLEY.						
Old Schools, Outram Street	Weekly	Monday, 2—4	45	0·73	62·13	Dr. Hendry, Monthly
MAREHAY.						
Bethel Chapel	Weekly	Thursdays, 10—12	46	1·44	41·83	Do.
SWADLINCOTE.						
Town Hall, Swadlincote	Weekly	Monday, 2—6	49	3·40	52·55	Dr. Cochrane, Monthly
WIRKSWORTH.						
Baptist Hall, Wirksworth	Fortnightly	2nd & 4th Thursday, 2—4.30	19	1·00	14·17	Dr. Maecwen, Monthly

Address.	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	No. of Sessions.	Average Attendance per Session.		Present arrangements for medical supervision.
				Expectant Mothers	Children.	
RURAL DISTRICTS.						
ASHBOURNE. Middleton-by-Wirksworth Prim. Vestry,	Fortnightly	2nd & 4th Wednesdays 2—4	22	Nil.	15.00	Nil.
BAKEWELL. The Institute, Tideswell	Fortnightly	1st & 3rd Thursdays 1—5	23	1.15	18.95	Dr. Parke, Monthly
BELPER. Council Room, Crich	Do.	2nd & 4th Thursdays, 2—4	22	0.43	16.33	Dr. Macdonald, Monthly
BLACKWELL. Cliff House, Shirebrook	Weekly	Wednesdays, 2—4	48	2.69	41.55	Dr. Wear, Weekly
Pleasley. Wesleyan Mission Room	Fortnightly	2nd & 4th Thursdays, 2—4.30	22	1.57	31.19	Dr. Wear, Fortnightly
Langwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	22	1.72	65.00	Do.
Tibshelf. Ch. Mission Room.	Do.	1st & 3rd Ths., 2.30—4.30	22	Nil.	15.00	Do.
Blackwell. Newton Wesley Schoolroom,	Do.	1st & 3rd Mon., 1—3	21	Nil.	25.24	Do.
Hillstown. Wes. Mission Hall,	Do.	2nd & 4th Mon., 2—4	23	0.73	34.35	Do.
Pinxton. Prim. Meth. School,	Do.	1st & 3rd Thursdays, 1.30—3.30	22	1.28	30.62	Do.
So. Normanton. Miners' Welfare	Do.	2nd & 4th Tues. 1.30—4	23	0.92	28.21	Do.
CHESTERFIELD.						
Eckington. Wesleyan Schoolroom	Weekly	Mon., 1 to 4	46	0.26	46.29	Dr. Gunning, Monthly
Barrowhill. Church Hall	Weekly	Mon., 2—4	47	1.15	30.35	Do.
Unstone. Wesleyan Church	Weekly	Mon., 2	44	0.84	26.30	Dr. Burke, Monthly
Staveley. P.M. Chapel	Weekly	Tuesday, 1.30—4.30	44	0.16	21.14	Dr. Peck, Monthly
Heath. Holmwood Mission Room	Weekly	Monday 2.30—4.30	42	Nil.	17.48	Dr. Peck. Monthly
Stonebroom. Church Institute	Weekly	Monday, 10—12.30	44	1.68	24.37	Dr. Pooler Weekly,
Shirland. Workmen's Institute	Weekly	Thursday, 10—12.30	44	1.17	15.70	Dr. Pooler, Fortnightly
Grassmoor. P.M. School	Weekly	Monday, 2—4	46	0.22	17.27	Dr. Burke, Monthly

Address.	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	No. of Sessions.	Average Attendance per Session.		Present arrangements for medical supervision.
				Expectant Mothers	Children.	
North Wingfield.	Weekly	Thursday, 2.30—4.30	43	Nil	36.00	Dr. Pooler, Fortnightly
The Rectory School	Weekly	Mondays, 2—4	44	0.45	24.36	Dr. Burke Monthly
Brimington.	Weekly	Tuesday, 2—4	47	0.75	43.79	Dr. Gunning, Monthly
Church Hall	Weekly	Wednesday, 2—4	47	0.84	43.07	Dr. Gunning, Monthly
Beighton.						
C. of E. Schoolroom						
Killamarsh.						
Free Church Room						
CLOWNE						
P.M. Chapel, Clowne	Weekly	Tuesday, 1.30—5.30	46	0.11	16.60	Dr. Pooler, Fortnightly,
HARTSHORNE & SEALS.						
P.M. School, Overseal	Weekly	Monday, 10.30—4	46	0.24	16.66	Dr. J. H. Moir, Monthly
HAYFIELD.						
Wesleyan Methodist Church, Hayfield.	Fortnightly	Tuesdays, 2—4	12	Nil.	20.14	Dr. Lynch.
SHARDLOW RURAL.						
Lenton Street School, Sandiacre	Fortnightly	2nd & 4th, Mondays, 2—4.15	19	1.35	44.95	Dr. Hunt, Monthly
	Do.	2nd & 4th Wednesdays, 1.30—4	18	0.37	19.10	Dr. Hunt, Monthly
Church School, Draycott	Do.	1st & 3rd Tuesdays, 11—4.30	21	0.19	15.57	Dr. Hunt, Monthly
Spondon.						
Wesleyan Chapel	Weekly	Wednesdays, 10.15—5	47	1.98	39.07	Dr. Hunt, Monthly
Cooks Institute, Melbourne	Fortnightly	1st & 3rd Tues., 2—4	18	0.06	7.05	Dr. Maewen, monthly
Parish Room, Little Eaton						

School Clinics.—School Clinics are established at the following places :—

(1) MINOR AILMENT CLINICS.

Alfreton.	Ripley.
Belper.	Shirebrook.
Long Eaton.	Swadlinecote.

To these Clinics any ailing child may be sent by teacher or parent without an appointment.

(2) X-RAY CLINICS for the treatment of ringworm are established at

School Clinie, Brimington Road, Chesterfield.
New County Offices, St. Mary's Gate, Derby.

(3) ORTHOPAEDIC CLINICS for the examination, supervision and treatment of crippled children are established at

Alfreton.	Derby.
Belper.	Long Eaton.
Chesterfield.	Swadlincote.

Children must not be sent to these Clinics without an appointment.

(4) EAR, NOSE AND THROAT CLINICS for the examination and treatment of diseases of the ear, nose and throat are established at—

Alfreton (examination).
 Ashbourne (operation and examination).
 Belper (examination).
 Clay Cross (examination).
 Clown (examination).
 Chesterfield (operation and examination).
 Chinley (operation and examination).
 Derby (operation and examination).
 Long Eaton (examination).
 Matlock (examination).
 Ripley (examination).
 Swadlincote (examination).
 Shirebrook (operation and examination).

A charge of 10s. is made for each operation for tonsils and adenoids, but may be wholly or partly remitted in necessitous cases.

Children must not be sent to the treatment clinics without an appointment.

(5) EYE CLINICS.—The Education Committee have a whole-time Ophthalmic Surgeon, who visits the various clinics in the County to examine and prescribe for children found by the school Medical Inspectors to be suffering from eye defects. Clinics have been established at :—

Alfreton.	Chesterfield.	Eckington.
Ashbourne.	Chinley.	Long Eaton.
Bakewell.	Clay Cross.	Matlock.
Belper.	Clown.	Ripley.
Beighton.	Derby.	Shirebrook.
Bolsover.	Dronfield.	Swadlincote.
Buxton.		

(6) DENTAL CLINICS have been established at :—

Belper.	Matlock.
Chesterfield.	Swadlincote.
Derby.	Shirebrook.
Long Eaton.	

Further details of the Clinics are given in the Annual Report of the School Medical Officer for the year 1925.

Tuberculosis Dispensaries.—The following is a list of the nine Tuberculosis Dispensaries in the County, and the Tuberculosis Officer in charge :—

<i>Dispensary.</i>	<i>Tuberculosis Officer.</i>
ASHBOURNE ...	Dr. P. Heffernan.
BURTON ...	Dr. W. Macewen.
CHESTERFIELD ...	Dr. B. S. Nicholson.
CHINLEY ...	Dr. P. Heffernan.
DERBY ...	Dr. W. Macewen.
GLOSSOP ...	Dr. P. Heffernan.
ILKESTON ...	Dr. B. S. Nicholson.
LONG EATON ...	Dr. W. Macewen.
MATLOCK ...	Dr. P. Heffernan.

Appended to this Report is a list of School Clinics, Maternity and Child Welfare Centres and Tuberculosis Dispensaries, with their addresses and times of opening. These are arranged according to Sanitary Districts so as to facilitate reference to the Councils Institutions situated in any District.

Venereal Diseases Clinics have been established at

	<i>Males.</i>	<i>Females.</i>
Chesterfield & North Derbyshire Royal Hospital	Tuesdays, 4.30 to 6.30 Fridays, 2.30 to 4.30	Tuesdays, 2 to 4. Fridays, 11 to 12.30
Derbyshire Royal Infirmary, London Road, Derby	Mondays, 6 to 8. Wednesdays, 6 to 8. Saturdays, 2 to 4.	Mondays, 3 to 5. Thursdays, 6 to 8.

PUBLIC HEALTH STAFF.

COUNTY MEDICAL OFFICER Dr. W. M. Ash, M.B., B.S. (Lond.),
F.R.C.S. (Edin.), D.P.H. (Man.).

Assistants—

(a) Tuberculosis Officers Dr. B. S. Nicholson, M.D. (Glas.),
D.P.H. (St. Andrews).

Dr. P. Heffernan, B.A., M.B., B.Ch.,
B.A.O.

Dr. W. Macewen, M.B., Ch.B. (Glas.),
M.R.C.S., L.R.C.P. (Lond.),
D.P.H. (Camb.) (Part-time).

(b) Bacteriologist ... Dr. S. M. Ross, M.D. (Edin.), Ch., B.,
D.P.H. (Man.).

(c) Venereal Diseases Officer ... Dr. A. K. MacLachlan, M.B., Ch.B.
(Edin.) (part-time).

(d) Med. Supt. at Walton San. ... Dr. A. N. Robertson, M.R.C.P. (Lond.),
M.D. (Edin.), D.P.H. (Camb.).

Asst. Resident Med. Officer at Walton San. Dr. E. M. Burnett, M.B., B.S. (Lond.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H.

(f) Consulting Surgeon, Bretby Orthopædic Hospital ... Naughton Dunn, Esq., M.B., Ch.B.

(g) Asst. dó. ... Dr. J. H. Moir, M.D., D.P.H., Ch.B.

(h) Organiser of Infant Welfare Centres ... Miss E. Gray, C.M.B., S.I., &c.

County Sanitary Inspector H. Dickinson.

Assistant Bacteriologist C. F. Peckham.

Laboratory Assistants ... A. Morley, A. Yeomans and
C. Robertson.

Radiographer ... H. A. Wainscott, M.S.R.

Chief Clerk ... T. O. Morrell.

Clerks ... H. R. Pedley, H. Richardson, F.
Beeston, H. Littlewood, H. Haddock
W. Eyre, E. J. Arnot, Miss Slinn,
Miss Booth.

There are 11 part-time Officers in charge of Infant Welfare Centres. Details of these will be found in Table V.

LIST OF HEALTH VISITORS.

Name.	Principal Qualifications.	Commenced duty.
Willatt, N.(Supt.)	Nurse, C.M.B.	12/10/08
Gomm, G. E.	... C.M.B. ; H.V. ; M. & C. W. W.	1/9/08
Howes, C.	... Nurse	16/10/09
Brabyn, F.	... Nurse, C.M.B. ... (Ophthalmic Nurse)	6/1/13
Harvey, A.	... Nurse, C.M.B. ; H.V.	1/9/13
Speteh, R.	... Nurse, C.M.B.	21/4/13
Fisher, D.	... S.I. ; C.M.B. ; H.V. ; M. & C.W.W.	1/5/14
Rodgers, M.	... C.M.B. ; H.V. ; M. & C.W.W., District Training	1/2/15
McNulty, A.	... Fever Nurse ... (Dispensary Nurse)	16/6/15
Wilson, M.	... S.I. ; C.M.B. ; M. & C.W.W.	12/7/15
Liddle, A. L.	... S.I. ; C.M.B. ; H.V.	27/9/15
Fisher, C. H.	... S.I. ; C.M.B. ; M. & C.W.W. ; H.V.	21/12/15
Siddons, B.	... S.I. ; C.M.B. ; H.V. ; M. & C.W.W.	10/8/16
Hankinson, R.	... Nurse, C.M.B.	8/1/17
Orpin, C. A.	... Nurse, S.I. ; C.M.B. ; M. & C.W.W.	5/2/17
Hughes, D. C.	... S.I. ; C.M.B. ; H.V.	27/2/17
Rose, J.	... S.I. ; C.M.B.	3/3/17
Mason, M.	... C.M.B. ; 1 yr. District Training	1/5/17
Blood, W. S.	... Nurse, C.M.B.	1/9/17
Stevens, A. L.	... Nurse, C.M.B.	21/9/17
Webb, E.	... S.I. ; C.M.B.	21/9/17
Field, C.	... Nurse, C.M.B. ; H.V. ; M. & C.W.W.	1/10/17
Major, C. B.	... Nurse, C.M.B.	1/10/17
Hallows, E.	... Nurse, C.M.B.	17/2/18
Stevens, L.	... Nurse, C.M.B. ; H.V. ; M. & C.W.W.	29/6/18
Wynne, E.	... Nurse, C.M.B.	2/9/18
Martin, E.	... C.M.B. ; H.V. ; District Training	10/9/18
Smith, M. L.	... Nurse, C.M.B. H.V.	1/1/19
Clarkson, A. L.	... Fever Nurse ; S.I. ; C.M.B. ; H.V. ; M. & C. W. W.	18/3/19
Spencer, E. A.	... Nurse, C.M.B. ; H.V. , M. & C.W.W.	17/3/19
Williams, G.	... S.I. ; C.M.B. ; H.V. ; M. & C.W.W.	1/4/19
Edwards, D.	... Nurse, C.M.B. ; H.V. ; M & C.W.W.	1/7/19
Woodford, D.	... Nurse, C.M.B. ; H.V. ... (Re-appt.)	8/12/19
Booth, E.	... S.I. ; H.V. ; C.M.B.	16/8/20
Sleigh, F.	... Nurse, C.M.B. ; H.V. ; M & C.W.W.	6/9/20
Beardmore, B.	... Nurse, C.M.B.	25/10/20
Quinn, E.	... Nurse, C.M.B. ; H.V.	20/10/20
Priestley, M.	... Nurse, C.M.B.	17/2/21
Nuttall, J.	... S.I. ; C.M.B.	1/3/21
Agutter, M.	... S.I. ; C.M.B. ; B. of E. Diploma for H.V.s	22/8/21
Brewster, C.	... Nurse ... (Théatre Nurse)	1/9/21
Sterling, E. M.	C.M.B. ; H.V.	1/9/21
Millington, H.	... Nurse, C.M.B.	29/5/22
Latham, B. A.	... Nurse, C.M.B. ; H.V. ... (Re-appt.)	9/10/22
Johnston, M. E.	... Nurse, C.M.B.	20/11/22
Hinchliff, M. I.	... Nurse, C.M.B. ; H.V.	21/3/23
Clark, M.	... B. of E. Diploma, C.M.B.	8/1/24
Wood, Irene M.	... Nurse, C.M.B. ; Fever Nurse	19/2/24
White, G.	... Nurse, C.M.B. ; Fever Nurse	25/3/24
Watsin, E.	... Nurse, C.M.B.	27/3/24
Sheldon, F.	... B. of E. Diploma	5/1/25
Bidmead V.	... Nursing (Varouos) S.I. ; H.V. ; C.M.B.	21/5/25
Dennis, S.	... Nurse C.M.B.	23/3/25
Freeman, E.	... Nurse, C.M.B. ; Fever Nurse	22/3/26
Wall, J. F.	... Nurse, C.M.B.	10/5/26

With the execeptions indicated all the Health Visitors act as Visitors under the M. & C.W. and Tuberculosis schemes, as Mental Deficiency Act Visitors, as Assistant Inspectors of Midwives, and as School Nurses in the area of the County allocated to them. In addition certain nurses take duty at Tonsil & Adenoid, Ear, and Dental Clinics, also Tuberculosis Dispensaries.

Four members of the staff have not the C.M.B. certificate, and the inspection of midwives is therefore not included in their duties.

NOTE :— H.V. — Health Visitor, Cert. Roy : San. Inst.

C.M.B. — Certificate of the Central Midwives Board.

M. & C.W.W. — Maternity & Child Welfare Workers Cert. Roy. San. Inst.

S.I. — Sanitary Inspector.

B. of E. Diploma — Qualifying Certificate under H.V. Training Regulations 1919

INSPECTION AND SUPERVISION OF FOOD.

SALE OF FOOD AND DRUGS ACT, 1875 & 1907.

Mr. John White, F.I.C., the County Analyst, reports on the work done under the above Acts as follows :—

The collection of samples for analysis under the above Acts is made by Inspector William Etchells, who is a whole-time Officer, duly appointed by the County Council as an Inspector under the Acts. In addition, he acts as Official Sampler under the Fertilisers and Feeding Stuffs Act, 1906. His work is supervised by me as County Analyst, and he collects the samples day by day throughout the year. Arrangements are made whereby the County is covered as systematically as possible.

The following Table gives a summary of the work during the last five years, 1921—1925 inclusive :—

	<i>Total Samples analysed.</i>	<i>Percentage adulterated.</i>	<i>Milk Samples.</i>	<i>Percentage adulterated.</i>
1921	1972	4.4	681	8.3
1922	1954	4.0	677	8.3
1923	1970	4.2	680	8.7
1924	1973	2.5	683	4.7
1925	1981	2.2	695	4.7

The decline in the percentage of adulterated samples is very marked when compared with the results for the previous five years, 1916 to 1920 inclusive, and it now stands at a low figure.

MILK.

The following Table gives the average composition of Milk samples analysed during the five years :—

<i>Year.</i>	<i>Non-fatty solids.</i>	<i>Fat.</i>	<i>Total solids.</i>
1921	8.79	3.67	12.46
1922	8.77	3.69	12.46
1923	8.77	3.72	12.49
1924	8.78	3.67	12.45
1925	8.77	3.66	12.43

These figures indicate that the Milk supplied in the County is generally of excellent quality, and this is emphasised by the fact that all samples are included in the above figures, whether genuine or adulterated.

The whole of the 3,416 samples were found to be free from preservatives, with the exception of three samples which contained Boron Preservative to the extent of 6.5, 9 and 10 grains per gallon respectively.

WATER.

The Rural and Urban District Councils in the County submit samples of water, under an arrangement made by the Public Health Committee, whereby they are analysed at nominal fees. The subjoined Table gives the numbers received during the five years :

1921	...	...	94
1922	...	...	132
1923	...	...	67
1924	...	...	118
1925	...	...	129

Samples of Water, Sewage Effluents, &c., are periodically submitted to me on behalf of the Public Health Committee, and general chemical work is undertaken for the various Committees of the County Council as required.

(Signed) JOHN WHITE,, F.I.C.,
County Analyst.

LEGISLATION IN FORCE.

TABLE VI.

Districts.	Public Health Acts (Amendment) Act, 1890	Public Health Acts (Amendment) Act, 1907.	Public Health Act 1925.	Infectious Diseases (Prevention Act, 1890.
URBAN.				
Alfreton	—	Yes	—	Yes
Alvaston & Boulton	...	...	...	...
Ashbourne ... ..	...	...	...	...
Bakewell ... ..	...	...	...	...
Baslow ... ..	...	...	...	...
Belper	Certain Sections	Certain Sections	...	Yes
Bolsover	Parts 2 & 3	Certain Sections	...	Yes
Bousall ... ..	...	...	Sections II. to V. to be adopted Aug. 10, 1926	...
Brampton & Walton	Parts 2, 3 & 5	Whole	...	Yes
Buxton (Boro') ...	All adoptive Sections	Certain Sections	Proposal to adopt all adop- tive Sections	Yes
Chesterfield (Boro')	Yes	Certain Sections	...	Yes
Clay Cross	Parts 2 & 3	Certain Sections	No	Yes
Dronfield	Yes	Yes	The adoptive Sections	Yes
Glossop (Boro') ...	Yes	Certain Sections	...	Yes
Heage	No	information.	...	...
Heanor	Parts 2, 3 & 4	Parts 2, 3, 4, 5 6 & 10	...	...
Ilkeston (Boro') ...	Parts 2, 3, 4 & 5	Certain Sections	Parts 2, 3, 4 & 5	Yes
Long Eaton	Yes	Certain Parts	...	Yes
Matlocks	Parts 3 & 4	Section 25 shortly to be adopted	Certain Sections	Yes
New Mills	Parts 3 & 4	Certain Sections	...	Yes
North Darley ... ..	...	...	...	...
Ripley	Yes	All except Sections 26 & 28	Yes	Yes
South Darley ... ..	...	...	...	Yes
Swadlincote ... ..	...	...	...	...
Wirksworth	Part 3	Parts 2 & 3	...	Yes
RURAL.				
Ashbourne ... ..	...	...	...	...
Bakewell	Certain Sections	Certain Sections	...	Yes
Basford ... ..	...	...	Certain Sections	...
Belper	Yes	...	...	Yes
Blackwell	Part 3	Certain Sections	Certain Sections	Yes
Chapel-en-le-Frith ...	...	...	...	...
Chesterfield	Certain Sections	Certain Sections	...	Yes
Clowne	Yes	Yes	...	Yes
Glossop Dale ... ..	...	Part	...	...
Hartshorne & Seals	Yes	No	Certain Sections	Yes
Hayfield	Parts 23, 29 & 46	Certain Sections	No	No
Norton	Certain Sections	No	No	Yes
Repton	Certain Sections	Certain Sections	No	Yes
Shardlow	Section 22	Certain Sections	No	No
Sudbury ... ..	...	...	...	...

PROFESSIONAL NURSING IN THE HOME.

General.—The County Council have arrangements with the Derby County Nursing Association for the nursing of bedridden cases of tuberculosis in their own homes. During the year this service was provided for 16 such cases.

General nursing, apart from tuberculosis, is carried out in various parts of the County by the District Nursing Associations, the majority of which are affiliated to the County Nursing Association.

No arrangement has been made by the County Council for the home nursing of infectious diseases.

Midwives.—The employment of, or subsidy to, practising midwives by the County Council, together with the number of midwives practising in the area is referred to under the section of this report dealing with Maternity and Child Welfare.

WATER SUPPLY.

It is impossible in a report of this nature to give details of the water supplies of the separate Urban and Rural Districts, and for particulars of these reference should be made to the Annual Reports of the Medical Officers of Health for those areas. A survey of the water supplies of the whole County is being carried out at the present moment by H.M. Geological Survey Department, and this when published will give much valuable information. However, a brief summary as to the water supplies in the County, abstracted from the "Return as to Water Undertakings in England and Wales," issued by the Local Government Board, is set out below:—

<i>Urban Districts.</i>	<i>Supplied by</i>
ALFRETON	Local Authority, Derwent Valley Water Board and Butterley Co.
ALVASTON & BOULTON	Derby Corporation.
ASHBOURNE	Local Authority.
BAKEWELL	Local Authority.
BASLOW	Duke of Devonshire and Duke of Rutland.
BELPER	Local Authority and G. H. Strutt, Esq.
BOLSOVER	Bolsover Water Co., and Sheepbridge Coal & Iron Co.
BONSALL	Local Authority.
BRAMPTON & WALTON	Chesterfield Gas & Water Board.
BUXTON BOROUGH ...	Local Authority.
CHESTERFIELD BOROUGH	Chesterfield Gas & Water Board

<i>Urban Districts.</i>		<i>Supplied by.</i>
CLAY CROSS	... Local Authority.	
DRONFIELD	... Chesterfield R.D.C.	
GLOSSOP BOROUGH	... Local Authority and Lord Howard of Glossop.	
HEAGE	... Local Authority and Belper R.D.C.	
HEANOR	... Ilkeston & Heanor Water Board.	
ILKESTON BOROUGH	... Ilkeston and Heanor Water Board.	
LONG EATON	... Local Authority.	
MATLOCKS	... Local Authority & F. C. Arkwright, Esq.	
NEW MILLS	... Local Authority, W. Jowett, Esq., and J. Moulton, Esq.	
NORTH DARLEY	... Local Authority.	
RIPLEY	... Local Authority, Derwent Valley Water Board and Butterley Co.	
SOUTH DARLEY	... Local Authority.	
SWADLINCOTE	... Local Authority and Swadlincote and Ashby Joint Water Committee.	
WIRKSWORTH	... Local Authority.	

<i>Rural Districts.</i>	<i>Parishes.</i>	<i>Supplied by</i>
ASHBOURNE	Kirk Ireton and Middleton-by-Wirksworth	Local Authority.
	Tissington	Sir H M FitzHerbert Bart.
	Part of Hopton and Griffie Grange	Col. H. A. Chandos-Pole Gell.
	Part of Hollington	W. Hall, Esq.
	Eaton & Alsop, and Newton Grange	Lord Hindlip.
	Part of Thorpe	Marston, Thompson & Evershed, Ltd.
	Part of Clifton & Compton	J. H. Smith, Esq.
	Part of Brailsford	G. H. Strutt, Esq.
BAKEWELL	Parts of Ashford, Calver, Eyam, Froggatt, Great Longstone, Hassop, Little Longstone, Rowland, Stoncy Middleton, Bradwell, Chelmorton, Eyam Woodlands, Sheldon Tadlington	} Local Authority

<i>Rural Districts.</i>	<i>Parishes.</i>	<i>Supplied by</i>
BAKEWELL.	Edensor and Pilsley	Duke of Devonshire.
	Stoke	M. J. Hunter, Esq.
	Great Rowsley Youl- greave and Curbar	Duke of Rutland.
	Parts of Hathersage and Outseats	A. A. Shuttleworth, Esq
	Parts of Litton & Tides- well	Tideswell Water Com- mittee.
	Part of Winster	Winster Water Com- mittee.
BASFORD	Shipley	Ilkeston and Heanor Water Board
	Codnor Park	Butterley Co., Ltd.
BELPER	Crieh	Local Authority.
	Duffield and Milford	Duffield Parochial Com- mittee
	Darley Abbey	W. Evans, Exors. of
	Mapperley	E. M. Mundy, Esq.
	Quarndon	Lord Searsdale
	Dethiek, Lea & Hollo- way	J. B. Marsden-Smedley, Esq.
BLACKWELL	Pleasley	Mansfield Borough, Duke of Devonshire and F. W. Verney, Esq.
	Searelliff & Upper Lang- with	Bolsover Water Co. and W. & S. Burkitt
	Part of Pinxton	Pinxton Collieries, Ltd.
	Part of Ault Hueknall	Sheepbridge Coal and Iron Co.
	Shirebrook	Shirebrook Colliery Ltd.
CHAPEL-EN-LE- FRITH	Parts of Bamford, Chapel Chinley, Bugsworth and Brownside.	} Local Authority.
	Fernilee, Wormhill, Hope, Fairfield	
	Parts of Fernilee and Hartington Upper Quarter	
	Hope Woodlands	Buxton Borough
	Part of Edale	Derwent Valley Water Board
	Part of Castleton	L.M. & S.Rly. Co.
		Castleton Waterworks Co.
CHESTERFIELD	Parts of Brimington, Calow, Hasland, Tup- ton, Wingerworth	Chesterfield Gas and Water Board
	Part of Temple Norman- ton	Staveley Coal & Iron Co.
	Remainder of district	Local Authority.

<i>Rural Districts.</i>	<i>Parishes.</i>	<i>Supplied by</i>
CLOWN	Part of Clown Parish Part of Whitwell	J. H. Eastwood, Esq. S. H. Hodding, Esq. J. Minkley, Esq., & Duke of Devonshire
	Part of Elmiton Remainder of district	Duke of Portland. Wigan Coal & Iron Co.
GLOSSOP DALE	Part of Ludworth	Calico Printers' Association and Lord Howard of Glossop
	Parts of Charlesworth, Chisworth and Ludworth	Lord Howard of Glossop
HARTSHORNE & SEALS	Part of Hartshorne Woodville	Local Authority Swadlinecote & Ashby Joint Water Committee
	Part of Overseal	Moira Colliery Co.
HAYFIELD	Part of Hayfield Parish	Local Authority E. J. Sumners, Esq. (Trustees of), F. C. Arkwright, Esq. W. Jowett, Esq. J. Moulton, Esq. A. Potts, Esq. J. Wild, Exors. of
NORTON	Part of Dore	Local Authority
REPTON	Parts of Burnaston, Egginton & Etwall Parts of Mickleover Linton and Repton	Burton Borough Derby Borough. Swadlinecote & Ashby Joint Water Committee
	Brethby Part of Repton	Derbyshire County Co. Sir John Port's Charity, Governors of
SHARDLOW	Breadsall, Little Eaton, Littlecover, Norman- ton, Spondon Melbourne Stanton-by-Dale	Derby Borough Long Eaton U.D.C. Ilkeston & Heanor Water Board
	Parts of Sandiacre	Sandiacre & Stapleford Water Committee
	Stanley, West Hallam & part of Dale Abbey	Mapperley Colliery Co. Ltd.
SUDBURY	Part of Doveridge	Uttoxeter U.D.C. and Lord Vernon
	Part of Sudbury Parish	Lord Vernon

RIVER POLLUTION AND SEWAGE PURIFICATION.

The various sewage disposal works in the County are inspected from time to time by the County Sanitary Inspector, and during the year 1925 188 effluents samples were taken for analysis. These were classified as follows :—

Good	...	...	66
Satisfactory	...	...	74
Unsatisfactory	...	...	25
Bad	...	...	23

URBAN DISTRICTS.

ALFRETON. The whole of this District is sewered by the District Conneil, except a few outlying premises. There are 7 different works, all of which comprise filters with rotary distributors, except Newlands Road, where the distributor is a fixed one. The works are situated as follows :—Highfield, Meadow Lane, Swanwick, Greenhill Lane, Newlands Road, Somercotes and Pye Bridge. A further filter is necessary at Somercotes, and one of the filters at Pye Bridge needs cleaning. The provision of storm water tanks at Swanwick would prevent the pollution of the Butterley reservoir.

ALVASTON & BOULTON. A brook known as "Party-Nook Brook" discharges into the River Derwent, a mile outside the area, carrying with it the surface water of Alvaston Street. This brook is polluted by the storm water from the Derby intercepting sewer which at times carries much faecal matter with the overflow. Twice within the last five years the Corporation have cleared the brook, the last time being November, 1925.

387 houses in the district are connected with the Derby Corporation sewage works. A temporary filter to deal with the effluent of 55 houses has been provided. 18 temporary dwellings (railway carriages) have a cesspool system of drainage, and there has been no complaint during the three years of their existence. Brick houses are now being substituted for these. There are only 69 privies in the district, and these cannot be converted into water closets until a new sewer is provided.

ASHBOURNE. No serious pollution of the Henmore Brook has been found. Rubbish is removed from the brook, and its course is cleansed from time to time. Only one out-lying area is not sewered, this on account of the great expense which would be involved. The sewerage of the district is otherwise complete and satisfactory. The effluent has maintained a satisfactory character. The works are now working at their full capacity, and extensions will be necessary in the near future in order to deal with the extended area. Better means of dealing with storm water is one of the chief requirements of the district.

BAKEWELL. A sewer for the drainage of the Baslow Road district has been provided, and the houses there are being connected up. A sewer is also to be laid to the proposed new infectious

diseases hospital. Steps are under consideration to prevent pollution of the River Wye by sewage which, although diluted by underground springs before its discharge, pollutes the bed of the river for some distance below the outfall. For a population of nearly 3,000 a suitable sewage disposal works appears to be necessary to prevent this pollution.

BASLOW. The chief points where pollution occurs are south of the old road bridge over the Derwent and south of Baslow. Measures have been adopted to deal with the sewage from the recently erected houses, double filtration being provided for. The Medical Officer of the district writes that sewerage passing into the River Derwent is not likely to cause nuisance to places lower down the stream, and he could not advise that this was a pressing need in the district.

BELPER. Several parts of this district are not yet connected with the local sewer. It is understood that plans for the sewerage of Hopping Hill are being prepared. A further filter is now required at the sewage works.

BOLSOVER. There are six sewage outfalls dealing with the sewage of the district, 2 at Carr Vale, 2 at Shuttlewood, 1 at Stanfree and 1 at Whaley Common. A scheme is in course of preparation for constructing works at Shuttlewood. The scheme prepared in 1924 dealing with the Langwith area was approved by the Ministry of Health, but proved to be too costly, and an amended one was prepared in 1925. The Surveyor of the district has in hand a scheme for the alteration of the main outfall sewer from Old Bolsover, and also for the sewerage of the main Stanfree area which is at present unsewered.

BONSALL. The sewage of this district for the most part passes into a stream which flows through the village.

BRAMPTON & WALTON. There are two sewage farms in this district, one at Holymoorside and one at Cutthorpe. The sewer from Dog Hole Lane is in course of construction, and when complete, every house in that area should be connected up to the sewer so that all the privy middens may be abolished.

BUXTON BOROUGH. The sewage of this district is rather "weak" and is treated in tanks, roughing filters and percolating filters. The effluent turned out is generally good.

CHESTERFIELD BOROUGH. The streams running through Chesterfield are all liable to pollution from trade effluents, the chief one, for which there is no remedy, being the underground water from the coal mines. Practically the whole of the populous areas in the Borough are now completely sewered and drained, and considerable new extensions have taken place during the last five years to meet the development of the Borough. The sewerage of the Borough is on the combined system, although for some years

past new surface water drains have been laid, to which the whole of the street gullies have been connected, thereby relieving the old main sewers of storm water. A complete system of surface water drainage in addition to the new sewers has been carried out where new estates have been laid out.

Review 1920 p. 111
in 1920/21 p. 41
CLAY CROSS. There are two outfalls in this district, 1 at Bacon Springs, and 1 at Danesmoor. At both these the sewage is dealt with by means of settling tanks, filters and irrigation over land.

DRONFIELD. The works here are maintained efficiently and comprise precipitation and percolating filters. Out of the 1,090 houses there are only 56 which are not in the drainage area. These are served by cesspools which are cleaned out regularly by servants of the District Council. Extensions of sewers have taken place during the last five years in connection with new houses and existing works.

GLOSSOP BOROUGH. Pollution occurs by various Dye-works and Paper-works. The pollution of the River Etherow has not been remedied by the reconstruction of the sewage works of the Glossop Corporation. Several parts of the Borough have been re-drained since 1920, and several sewer extensions carried out.

HEANOR. Most of this district is drained via five of the outfall works to the Bailey Brook, the drainage from the rest of the area finding its way to Nutbrook. Several of these outfalls are unsatisfactory and the brook is seriously polluted. A coal-washing plant pours a large amount of coal dust into the brook at Loscoe, giving the stream a black and unsightly appearance. The part of the area drained from Commonsides has a sewage outfall from the Commonsides disposal works. This effluent is satisfactory and causes no pollution. The Loscoe sewage disposal works require reconstructing. The Wood End works have too much to do and have to deal with a very difficult sample of waste from Hosiery works. Washing of filters, new filters, more land for percolation and sludge beds are required here. The Cross Hill works are to be reconstructed so as to deal with the Waingroves (Ripley U.D.) sewage in addition. At the Langley Mill sewage works some of the sprinklers need repair. The Surveyor and Sanitary Inspector of the Urban District Council are investigating the question as to whether the drains of the district would be able to deal with the sewage in case conversion to water closets was carried out. There is difficulty at Cromford Road, Langley Mill, and Lower Gladstone Street owing to the levels of the ground. During the year the Cromford Road sewer was cleaned out and a series of manholes constructed.

ILKESTON BOROUGH. The present sewage works were constructed in 1912 at a cost of £32,600, and are close to the river Erewash into which the purified effluent discharges. The scheme was prepared to deal with a dry weather flow of 750,000 gallons per day, and is one of liquefying tanks and percolating filters. The effluent is classified as good.

LONG EATON. A new scheme costing some £25,000 was carried out at Toton to replace the old Station works. The scheme is up-to-date and sufficient for the needs of the district. It is so designed as to permit of extensions when necessary. The New Sawley works are being maintained as originally designed, except that the sewage is being pumped to the works by an automatic electric motor with gas engine as standby.

MATLOCKS. The sewage disposal works produce a good effluent, but there is cause for complaint at times from the pumping station near the recreation ground. On occasions road sweepings and other waste matter are tipped into the River Derwent by the Council's servants.

NEW MILLS. The River Goyt is to some extent polluted by sewage effluent. The drainage of the district is otherwise satisfactory. Application has been made to the Ministry of Health for power to reorganise the sewage disposal works.

NORTH DARLEY. A certain amount of pollution of the stream takes place as there are no sewage disposal works. There are a number of tanks for the interception of solids. The question of the disposal works is receiving consideration, and the extension of the sewers is being gradually taken in hand. In view of the building going on in this district, the matter of sewage disposal is one which requires immediate attention. XX

RIPLEY. The new sewage works at Marchay have been completed and put into use. A scheme is in hand for dealing with the Waingroves sewage at Cross Hill (Heanor U.D.) sewage works.

SOUTH DARLEY. There have been no complaints with reference to the condition of any of the small water-courses in this district. Under the existing system, the sewage discharges into the River Derwent after passing through a detritus tank.

SWADLINCOTE. Most of the sewage of this district is treated at Stanton farm, being passed over land after tank treatment. There are several smaller installations consisting of tanks with land treatment.

WIRKSWORTH. The sewage works turn out a good effluent, but arrangements should be made for the removal of the sludge from the tanks particularly after storms. Steps should be taken to prevent sludge reaching the stream. The Hannage brook is polluted by drainage from houses not connected with the main sewers. Several houses at Wash Green discharge their sewage direct into a water-course which runs into the Hannage brook. The drainage from many houses on Cromford Road runs into a sump in a field adjoining the railway.

RURAL DISTRICTS.

ASHBOURNE.

Hartington.—Sewage passes through septic tank and percolating filter. The sewers are combined sewage and surface water drains.

Thorpe.—The two hotels have private sewage works consisting of septic tank and filters. The sewage of the scattered houses is dealt with in cesspools or by turning it on to the land.

Mapleton.—Drained in two parts, the drainage from 11 houses being conveyed to a tank away from the village from which an overflow drain leads to the river. The drainage from 15 other premises is conveyed away from the village and discharges into a ditch. The soil is porous and absorbs the sewage. It is proposed to construct a septic tank for this section. There is not sufficient fall for the sewage to be passed through a filter.

Clifton.—Drains to a sewage tank which is emptied on land periodically. Part of the parish is drained to a tank with an overflow to a ditch about 300 yards from the houses.

Parwich.—The sewage discharges into a small stream and serious pollution is caused. Steps are being taken to prevent this pollution.

Brailsford.—A complete system of separate sewers has been laid and the sewage is treated by septic tank and percolating filter. These works need more attention.

Kniveton.—Several houses drain into a tributary of the Henmore brook.

Atlow.—A liquid manure tank is provided at each farm for the reception of the sewage, and these are emptied periodically on to the land. The drainage of the premises in the upper parts of the parish is by means of liquid manure tanks or a drain at each house emptying directly on to the land.

Longford.—No sewer. The sewage is distributed on to the land. The waste liquid from a large cheese factory is treated in tanks over land.

Hognaston, Kirk Ireton, Hulland, part of Hollington, part of Yeaveley and Ednaston.—Sewers discharge on land.

Middleton.—There are two outfalls which discharge down old mine workings. £130 has been spent during the last two years in improvements. This arrangement does not appear to me to be satisfactory by reason of the fact that the old lead mines are situated in the gathering-grounds of an important water supply and this is therefore very apt to lead to its pollution.

Tissington.—Has a separate sewer discharging into septic tanks.

The other villages and hamlets which are not mentioned above have no sewer and the premises are drained to cesspools or directly on to the land.

BAKEWELL. At Hathersage, Little Longstone, Stoney Middleton Tideswell and Winster, complete systems of sewerage and sewage disposal are in use. At Eyam, Ashford, Youldgreave, Eyam Woodlands, Bradwell, Calver and Great Longstone, sewerage schemes are necessary. The sewerage from the upper part of Eyam has been taken to a tank in the Delph where a certain amount of settlement takes place before it passes on into Middleton Dale brook. Owing to the expense of the water scheme with which Eyam is being provided, the area cannot be asked to shoulder the additional burden of a sewerage scheme at once, but this is a matter which should be considered at the earliest opportunity.

BELPER. The following townships have their own sewage disposal scheme or sewers:—Darley Abbey, Denby (part), Duffield, Holbrook, Horsley, Mapperley, Quarndon, and South Wingfield (all continuous settlement tanks and percolating filters); parts of Allestree, Crich, Horsley Woodhouse and Smalley have sewers. The remainder are principally on the conservancy system. Milford is connected to the Belper Urban Council's sewers, and a length of sewer at Smalley Common is connected to the Stanley Common sewage works under agreement with the Shardlow Rural District Council. Recently the sewage works at Mapperley have been reconstructed, and with proper attention should be effective. A scheme of improvements at Holbrook outfall works has received the approval of the Ministry of Health and is nearing completion. A small scheme is being carried out at Shottle. At Denby Bottles, Rowson Green and Cinder Hill there are some 200 odd houses without adequate facilities for sewage disposal, and it is to be hoped that a scheme for this will not be long deferred.

BLACKWELL. The condition of the River Erewash has been most unsatisfactory for some years: extensive pollution takes place from the Notts. & Derby Bye-Products Works at Pinxton, and large quantities of tarry matter are continually allowed to enter the stream. Steps are being taken which it is hoped will remove the complaint. Complaints have been received that the trout have been killed in the river Poulter below the effluent from the sewage works owned by the Sheepbridge Coal & Iron Company. Owing to the large number of new houses erected by the Company during the year this plant is undoubtedly overworked.

Joint sewage schemes are in course of construction for the area adjoining Langwith Colliery belonging to the Sheepbridge Coal & Iron Company. These, when complete, will remove the cause of complaint. In the meantime the Colliery Company have been asked to make temporary improvements to their works. New works are being erected at Carnfield, South Normanton.

CHAPEL-EN-LE-FRITH. Sewerage schemes exist at Bamford, Castleton, Chinley, Bugsworth and Fernilee. On the other hand Hope, Dove Holes, Peak Dale and Harpur Hill are without proper drainage schemes. In those parts of the district where there are no sewers, the sewage is simply conveyed into surface water drains and finds its way to the streams or fissures in the limestone rock.

CHESTERFIELD. Works to purify the sewage from North Wingfield are contemplated. The Medical Officer of the District reports many instances of pollution of the streams in the area by waste from the various industrial concerns. A comprehensive scheme to deal with the sewage from the Staveley area is before the Ministry of Health. The sewage of Barber's Row (in the Clown Rural District) enters at Renishaw; that of Coal Aston and Ridgeway enters at Eckington but is purified by dilution, subsidence and aeration to such a degree that it makes no apparent difference to the appearance of the stream. Sewage works at Green Lane, Killamarsh, have ended the pollution that formerly existed there. The sewage of Ashover enters the Amber after passing through caverns, and emerges at the Old Woman's well partially purified.

CLOWN. The six main sewage works in this area appear to be satisfactory with the exception of that of Barlborough which requires overhauling.

GLOSSOP DALE. A sewerage scheme has been prepared for Charlesworth, and a Ministry of Health Inquiry is shortly to be held. Sewers are also needed at Mill Brow and Hollins Lane, Ludworth. There is pollution of the stream below Gamesley Brow by drainage from Gamesley.

HARTSHORNE & SEALS. Overseal requires a new system of sewage disposal and treatment, the site of the present filter beds and precipitation tank being too low. A scheme is being considered by the Rural District Council. The division of the village of Overseal by a ridge line extending North and South, forming two distinct watersheds on the East and West, necessitates two distinct sewage outfall works. These two outfalls would be practically the same in size and design and could be readily added to in the future to deal with any increase in population. It is proposed to deal with a population on each slope of 1,100, and a daily dry weather flow of 16,500 gallons. The total estimated cost of these works would be about £10,850, but half could be undertaken first and the other at a later date.

HAYFIELD. The drainage and sewerage of the district is considered satisfactory.

NORTON.—The main sewer from Greenhill to Abbey Lane is now completed, and one of the roads on the Allotments is drained. Negotiations have taken place for the drainage of the other two roads on the Allotments, and a scheme for draining Totley has also been considered.

REPTON. New sewage disposal works have been put into use at Mickleover. Etwall sewage works need the filters putting in order.

SHARDLOW. The sewage works in this district are generally well attended to. There is no serious pollution of rivers in the district. Modern systems of sewerage and sewage disposal are in operation at Breaston, Draycott, Little Eaton, Melbourne, Ockbrook & Borrowash, Sandiacre, Spondon, Stanley Village, Stanley

Common, and Stanton-by-Dale. Littleover and Normanton are connected with the Derby Borough sewers, and the Sawley sewage is pumped to the New Sawley works by arrangement with the Long Eaton Urban District Council.

A sewerage scheme is in hand for Chaddesden, the Engineers estimate of cost being £9,070. The sewage of the remaining parishes is disposed of by tanks and sewage outfall ditches which are cleaned out periodically. During the year special attention was given to the sewage outfalls at Aston-on-Trent, Arleston & Sinfen, Barrow-on-Trent, Elvaston, Shardlow, Sinfen Moor, West Hallam, Weston-on-Trent. Sewer extensions were carried out at Littleover, Ockbrook and Sandiacre to cope with the increased building operations and further extensions are in hand at Normanton, Stanley and Stanton-by-Dale. The Eaton Bank sewage outfall at Little Eaton has been altered and improved. New sprinklers were provided at the Spondon sewage works.

SUDBURY. Sudbury has a system of sewage tanks and filter beds most of the houses having water closets connected thereto. Doveridge has a similar scheme providing for part of the village. A few houses have water closets, the rest of the district being privy middens and pail closets.

HYDROGRAPHICAL SURVEY OF THE RIVERS TRENT, DERWENT AND EREWASH.

At the request of the Ministry of Agriculture and Fisheries a number of samples of river water of the Rivers Trent, Derwent, and Erewash, were collected at certain key positions as in previous years, and an estimation of the dissolved oxygen in the samples was made. The samples were taken on July 16th, 1925, and the results are tabulated below :—

<i>River and Position.</i>	<i>Water temperature.</i>	<i>Percentage of dissolved Oxygen.</i>
DERWENT.		
Above R. Amber	18	82·7
Below R. Amber	18	87·6
Below Belper	18	92·5
At Borrowash Bridge	21·5	64·5
TRENT.		
Above R. Derwent	21·5	88·7
Below R. Derwent	21	81·5
EREWASH.		
Above Pinxton	16	81·6
Below Pinxton Works	23	21·9
Above Heanor	19·5	70·5
Below Heanor	19	40·7
Above Gilt Brook	19	34·5
Below Gilt Brook	19	26·9
Above Ilkeston	30	36·7
Below Ilkeston	20	81·6
Above confluence with R. Trent	21	47·9

The results of the Erewash samples are bad, as the Ministry state that 70 per cent of saturation of dissolved oxygen is necessary to enable a river to effect self-purification and maintain fish life. The River Erewash is but a small stream, and along its banks are numerous factories and sewage disposal works. Moreover the river is of an extremely winding nature, and its gradient is slight: here and there the current is of moderate velocity, but only for short distances when the current slows up again and the stream becomes practically stagnant. In these circumstances the stream becomes nothing more or less than a series of sedimentation tanks which with each flush of storm water are washed out polluting the river to a marked degree. At times of lesser flow, the bed becomes fouled, and in several places where observations were made, marked putrefaction was evidently proceeding in the bed of the stream, whilst below Pinxton the bed of the stream was highly saturated with oil. As each bubble of gas broke on the surface an opalescent film of oil spread out from the breaking point. No sign of fish life was found in the river from immediately below Pinxton to near its junction with the Trent. Below Heanor the river bed consists of black mud, large quantities of coal dust and tarry matter. There was no evidence of stream vegetation or fish life. Towards the end of its course and below Ilkeston the stream recovers remarkably and it has been found persistently that the Ilkeston sewage effluent causes very little alteration in the stream.

In all the circumstances little short of a general straightening of the course of the river, thereby cutting out the stagnant pools and increasing the gradient, is likely to have any beneficial effect on the condition of the river water.

TABLE VII.
CLOSET ACCOMMODATION.

Districts.	Approximate number of Houses with				Number of Conversions.	
	Privy Middens.	Pail Closets	Water Closets	Trough and slop Water Closets	From Privy-middens to water Closets	From Pail-Closets to water Closets
URBAN.						
Alfreton	136	2,693	2,159	63	37	13
Alvaston & Boulton	69	—	—	—	12	—
Ashbourne	8	No information	—	—	4	—
Bakewell	230	55	384	—	1	—
Baslow	124	7	189	—	4	—
Belper	97	560	—	—	7	18
Bolsover	792	855	868	—	1	—
Bonsall	No information	—	—	—	—	—
Brampton & Walton	No information	—	—	—	4	—
Buxton (Boro') ...	No information	—	—	—	—	—
Chesterfield (Boro')	1,283	77	11,831	290	426	
Clay Cross	1,060	—	776	—	11	—
Dronfield	468	—	610	12	39	—
Glossop (Boro') ...	8	1,346	2,072	497	436	
Heage	109	449	258	8	12	4
Heanor	811	2,449	—	—	29	16
Ilkeston (Boro') ...	41	2,241	5,212	319	1 to 3	9
Long Eaton	—	—	—	—	—	22
Matlocks	No information	—	—	—	21	7
New Mills	513	28	670	555	30	—
North Darley	379	14	446	W.W.C. 109	—	—
Ripley	362	1,404	—	W.W.C.	24	51
South Darley	Nearly all privy middens	—	—	—	—	—
Swadlincote	No information	—	—	—	311	—
Wirksworth	348	40	744	4	4	—
RURAL.						
Ashbourne	1,200	935	253	—	2	—
Bakewell	2,572	1,057	730	—	18	4
Basford	73	186	157	—	—	—
Belper	560	2,900	2,000	50	2	6
Blackwell	1,537	5,507	1,940	C.W.C. W.W.C.	10	7
Chapel-en-le-Frith	156	2	1,722	—	123	30
Chesterfield	12,753	392	4,231	—	219	—
Clowne	—	—	—	—	1	2
Glossop Dale	462	66	210	12	8	—
Hartshorne & Seals	No information	—	—	W.W.C.	13	—
Hayfield	476	—	756	—	8	14
Norton	No information	—	—	—	2	—
Repton	No information	—	—	—	—	—
Shardlow	1,400	2,925	3,253	—	20	21
Sudbury	No information	—	—	—	2	—

SCAVENGING.**URBAN DISTRICTS.**

Alfreton.—In 4 of the 7 districts into which this Urban District is divided for scavenging purposes, the work is carried out by servants of the District Council, and in the remaining three by contractors. The contents of ashbins and pits are deposited at 7 tips rented by the Council and the contents of pail closets are removed during the night by contractors and disposed of as land manure. Privy-middens are emptied by the contractors.

Alvaston & Boulton.—The contents of privies, ashpits and tub closets are removed to farm land. House refuse is removed weekly to a tip.

Ashbourne.—The scavenging of this district is carried out by servants of the District Council; all outer main roads are scavenged once a week, and town streets, daily. House refuse is collected once a week and taken to a tip. The refuse is covered with earth after being tipped.

Bakewell.—Scavenging is done by servants of the District Council.

Baslow.—Dumps are provided for householders to deposit their refuse, and these are emptied by the District Council's servants. The contents of privy-middens and pail closets are disposed of on to land. The question of a more efficient method of scavenging for this district should be considered.

Belper.—The whole of this district with the exception of the East Ward where the work is done by contract, is scavenged by servants of the local Council. House refuse, &c., is destroyed at the destructor.

Bolsover.—The collection of refuse is carried out by the District Council's servants. Ashbins are emptied weekly, and in the Langwith area, twice a week; pail closets are emptied twice a week, ashpits are emptied monthly, and the majority of cesspools are emptied weekly. Dry refuse is disposed of at six tips, and wet refuse on farm lands and allotments.

Bonsall.—The work here is carried out by servants of the District Council.

Brampton & Walton.—The work is carried out by servants of the District Council.

Buxton Borough.—Servants of the Local Council carry out the whole of the scavenging of the Borough under the supervision of the Sanitary Inspector. House refuse is disposed of at a refuse destructor. Nightsoil is also dealt with after mixing with ashes, in a similar manner.

Chesterfield Borough.—In December, 1924, a Cleansing Superintendent was appointed for the Borough to re-organise the work of the collection and disposal of refuse. 7,830 tons of refuse were dealt with in the six-cell incinerator at the old sewage works, and 16,295 tons were tipped on 9 tips. A refuse utilisation plant is to be installed and 3 of the tips closed down. This will reduce the amount of refuse which is tipped by about 8,000 tons per annum.

Clay Cross.—The work in this district, with the exception of the Danesmoor portion, is carried out by servants of the District Council. At Danesmoor the work is let by contract.

Dronfield.—The population served by public scavenging is 4,456. The privy-middens are emptied regularly, in some cases weekly. The portable ashbins are cleared every week.

Glossop Borough.—Ashbins are emptied weekly, pails weekly or fortnightly.

Heage.—Part of the District is scavenged by the District Council servants and part is let by contract, the refuse being taken to tips.

Heanor.—The whole of the scavenging is carried out by servants of the District Council, the refuse being taken to tips. The installation of destructors is a matter which should be considered in the near future.

Ilkeston Borough.—A contractor is employed for the removal and disposal of refuse and night soil. The refuse is tipped on land, and is also used for filling land at the recreation ground.

Long Eaton.—Practically the whole of the town is supplied with sanitary dustbins which are emptied weekly. Tips for the disposal of refuse are provided, and the question of the purchase of new ones is under consideration.

Matlocks.—Scavenging is carried out under contract. The ashbins are emptied, but the privy-middens are left to the occupier to empty, which is an unsatisfactory procedure. A quantity of road sweepings, &c., is tipped into the River Derwent.

New Mills.—Scavenging in this district is carried out by the District Council's servants and the refuse removed to tips.

North Darley.—The work here is undertaken by the local Council and is done fortnightly.

Ripley.—The whole of this District is scavenged by the District Council's servants. A S.D. Freighter for the collection of dustbin refuse was purchased during the year to take the place of carts.

South Darley.—This district is almost entirely a privy-midden one, and no scheme of public scavenging has been adopted.

Swadlincote.—The work in this district is carried out by servants of the District Council.

Wirksworth.—Scavenging is carried out by the District Council's servants. Night-soil is tipped and buried under 9" of soil.

RURAL DISTRICTS.

Ashbourne.—There is no regular collection of refuse by the Council except at Parwich. At Brassington, Hartington and Kirk Ireton, small tipping places are provided which are periodically emptied by the District Council's servants.

Bakewell.—Scavenging is undertaken at Ashford, Beely, Curbar, Eyam, and Hathersage. At Beeley the work is undertaken by the owner of the property. In other townships the work is carried out under contract. At Bradwell and Tideswell the removal of dry refuse only is undertaken, leaving the contents of closets—the most difficult for the householder to deal with—untouched. There are no organised systems of scavenging at Birchover, Monyash, Stanton-in-Peak and Youlgreave.

Basford.—At Codnor Park and Shipley, the two Parishes which comprise this Rural District, scavenging is carried out by the owners themselves.

Belper.—Scavenging is carried out by contract at Denby, Dethick, Lea and Holloway, Duffield, Holbrook (part), Kilburn, Mapperley, South Wingfield, and recently contracts have been let for scavenging at Coxbenh and Holbrook. Darley Abbey and Milford are scavenged by the estate owners. Tips for house refuse are provided at Allestree, Crich, Holbrook, Horsley Woodhouse, Pentrich and Quarndon. There is no refuse destructor in the district, and the refuse is tipped in disused quarries, holes in fields, &c.

Blackwell.—Since the District Council purchased horses and carts to deal with the whole of the scavenging direct, a considerable improvement has been effected. Scavenging is undertaken by the Council at Shirebrook and Blackwell; by contract at Pleasley, South Normanton, Tibshelf, and Pinxton; and is done by the owners and occupiers in Clapwell, Searcliffe, Ault Hueknall and Upper Langwith.

Chapel-en-le-Frith.—Public scavenging is carried out by the Council at Bamford, Chapel-en-le-Frith, Dove Holes, Chinley and Bugsworth. A modern scavenging motor vehicle is used for the work.

Chesterfield.—Scavenging is done under the supervision of the Parish Councils acting as Parochial Committees in Eekington, Hasland, Killamarsh, North Wingfield, Pilsley, Staveley, Temple Normanton and Unstone: by contract in Ashover, Barlow, Beighton, Brimington, Calow, Coal Aston, Dronfield Woodhouse, Heath, Holmfild, Norton, Shirland and Higham, Sutton-cum-Duckmanton, Tupton and Wessington, and by landlords or tenants in Brackenfield, Stretton, Wingerworth and Woodthorpe.

Clown.—The scavenging of this District is carried out by contract. There is difficulty in finding suitable refuse tips.

Glossop Dale.—Scavenging is carried out on request, and a charge made for the cost of removal. Public scavenging should be adopted in the urban parts of Charlesworth and Ludworth, and the tips should be earthed over.

Hartshorne and Seals.—In Overseal and Woodville this work is carried out by private contract, and an improvement has been effected. At Ticknall and Smisby, refuse disposal is carried out by the tenants.

Hayfield.—In Hayfield the work is carried out by the District Council's servants, and the carting being carried out by contract. At Mellor the work is carried out by contract.

Norton.—The work in this district is carried out by contract.

Shardlow.—Public scavenging is in operation in 15 Parishes. At West Hallam an arrangement has been made for house refuse to be collected at a small charge. Tenders have been invited for scavenging at Chaddesden and Weston-on-Trent, but so far without any result. Refuse is disposed of by tipping, the night-soil being put on land.

Sudbury.—There is no public scavenging in the district, and the privies and pail closets have to be emptied by the occupiers.

SANITARY INSPECTIONS OF THE AREA.

A classified statement of the number of premises visited, defects or nuisances discovered and action taken in regard to these are set out in the following Tables:—

Summary of Sanitary Inspectors' Work. TABLE VIII.

URBAN DISTRICTS.

District and Inspector's Name.	Closets and Ashpits.							Drainage.		Other Defects.												Totals.								
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Privies into Pail Closets.	Conversion of Pail Closets into W.C.'s.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Roll Condition of Houses.		Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.		
Alfreton J. Spencer.	65	10	1	13	4	8	44	3	...	20	36	25	56	7	...	6	3	2	...	...	...	1	40	1	4	1	2	39	391
	...	25	...	...	2	...	1	...	...	5	1	6	11	...	...	1	...	...	...	...	...	...	5	...	...	...	...	6	63
	65	35	1	13	5	8	45	3	...	22	36	26	52	7	...	7	3	2	...	...	...	1	60	1	4	1	2	40	439
Alvaston and Boulton J. Robinson.	5	12	12	...	32	...	33	19	11	4	22	14	...	10	...	2	15	189	49
	
	
Ashbourne D. Powell.	1	4	6	2	...	2	4	5	2	2	6	...	3	4	5	...	24	2	2	1	3	2	1	...	1	19	99	49
	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	...	1	4	6	2	19		99
Bakewell W. G. F. Kingston	2	1	14	17	49
	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14
Baslow J. Baggaley	49
	
	16	3	...	3	

URBAN DISTRICTS—continued.

Belper J. A. Statham.	Informal Notices served by Sanitary Inspector ...	...	7	...	21	6	...	160	20	1	40	20	21	6	8	5	...	2	...	3	...	4	3	3	1	1	1	6	339
	Legal Notices served by Local Authority	...	7	...	5	...	...	...	...	...	6	2	5	...	...	...	...	...	1	...	1	1	1	...	...	...	...	28	
	Nuisances abated	...	7	...	18	...	...	160	20	1	40	20	21	6	8	5	30	2	...	1	...	4	3	3	1	1	...	6	374
	Informal Notices served by Sanitary Inspector ...	37	1	2	...	8	1	8	1	16	12	2	14	2	2	...	4	4	...	1	...	1	2	4	3	...	1	31	156	
Bolsover W. Ellis.	Legal Notices served by Local Authority	7	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	
	Nuisances abated	187	1	10	...	20	3	17	2	1	48	48	12	54	9	...	12	6	...	2	...	4	7	4	...	1	...	64	513	
	Informal Notices served by Sanitary Inspector ...	5	...	7	...	...	...	4	1	5	11	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	37	
	Legal Notices served by Local Authority	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	2	...	...	...	54
Bonsall A. W. Farnsworth	Nuisances abated	5	...	7	4	1	3	5	11	3	6	3	3	...	54
	Informal Notices served by Sanitary Inspector ...	...	...	4	...	...	...	...	...	...	...	4	...	16	...	...	2	...	...	...	...	...	1	...	...	...	2	30	47
	Legal Notices served by Local Authority	1	1	2	3	...	3
	Nuisances abated	...	...	4	...	...	1	...	...	...	...	4	...	16	...	...	...	2	...	...	...	...	...	...	...	...	2	...	31
Buxton (Boro')	Informal Notices served by Sanitary Inspector ...	5	2	1	2	28	...	62	8	5	55	54	18	2	2	...	3	1	1	...	2	17	12	8	3	...	3	9	312	
	Legal Notices served by Local Authority	...	...	...	...	...	...	8	...	...	33	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	43
	Nuisances abated	8	2	1	6	51	...	144	8	5	92	169	34	24	5	...	6	1	1	...	2	17	12	8	3	...	...	22	624
	Informal Notices served by Sanitary Inspector ...	6	6	...	...	33	7	240	39	...	121	186	32	99	6	...	34	13	14	12	3	7	29	17	1	156	2	108	1171
Chesterfield (B.) C. E. Wood. A. S. Carter. W. Peasdale. C. K. T. Hale.	Legal Notices served by Local Authority	1	231	...	3	2	...	278	...	...	9	19	13	7	4	1	...	4	...	...	...	...	2	5	...	4	...	14	599
	Nuisances abated	9	414	...	5	34	7	1087	39	...	127	190	29	100	10	4	34	16	14	13	3	7	29	15	1	2	123	2313		
	Informal Notices served by Sanitary Inspector ...	4	1	...	...	9	...	1	2	...	5	30	6	1	2	...	...	...	5	12	2	3	4	1	...	...	3	92	
	Legal Notices served by Local Authority	273
Clay Cross W. A. T. Lynam	Nuisances abated	18	11	13	31	6	11	...	15	86	17	14	2	11	20	1	4	...	4	...	2	...	6

Table VIII. continued

URBAN DISTRICTS—continued.

District and Inspector's Name.	Closets and Ashpits.							Drainage.			Other Defects.												Totals.						
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Privies into Pail Closets.	Conversion of Pail Closets into W.C.'s.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roots, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Vent- ilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumu- lations.		Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
Dronfield W. A. Parry	41	39	2	...	...	1	55	...	...	1	22	16	1	...	...	...	8	2	160	...	...	6	15	3	3	...	...	1	276
	...	39	2	...	...	1	...	...	...	...	...	...	...	...	...	...	8	1	...	...	...	...	...	...	...	...	...	1	52
	41	21	2	...	...	1	55	...	...	...	22	16	...	...	...	...	...	1	160	...	...	6	15	3	3	...	...	1	250
Glossop (Boro') H. Dane.	46	...	...	...	18	...	233	8	...	37	11	...	20	...	...	8	7	...	6	1	...	16	4	1	3	...	...	10	507
	...	...	...	...	...	35	13	...	...	...	...	...	15	...	...	8	7	...	6	...	...	...	...	...	...	...	...	...	92
	101	...	...	436	18	18	246	8	...	36	11	...	18	...	...	6	7	6	...	6	...	...	16	4	1	2	...	9	949
Heage A. J. Fortnam.	10	8	1	5	2	...	4	...	1	16	1	3	4	4	4	2	2	1	2	1	2	...	5	1	...	...	...	1	80
	5	4	...	2	...	...	2	...	1	4	...	...	3	2	2	1	1	...	...	2	2	...	1	...	...	...	...	...	30
	12	12	1	4	2	28	30	...	1	10	10	1	5	4	4	1	1	1	2	1	2	...	12	1	...	...	...	1	116
Heanor A. A. Wilson	66	14	2	...	17	3	200	5	...	48	70	27	64	16	...	41	11	5	9	7	8	9	3	1	...	...	5	204	835
	4	11	...	...	3	...	25	...	...	3	3	...	4	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	58
	45	29	9	16	17	10	205	11	...	56	68	49	122	16	...	40	14	4	8	...	...	7	9	2	...	...	5	301	1046

[illegible]

URBAN DISTRICTS—continued.

Table VIII. continued.

District and Inspector's Name.	Closets and Ashpits.								Drainage.			Other Defects.												Totals.					
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Privies into Pail Closets.	Conversion of Pail Closets into W.C.'s.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Roul Condition of Houses.	Offensive Accumu- lations.	Animals improperly kept.		Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
Swadlincote G. Pollard.	...	311	...	...	...	2	186	...	...	6	15	2	95	10	...	6	4	...	4	...	...	...	...	...	...	...	...	345	993
	...	311	...	...	...	2	186	...	...	6	15	2	95	10	...	6	4	...	4	...	...	...	...	...	...	...	...	345	993
Wirksworth H. S. Tebbitt.	95	7	...	...	6	...	27	2	5	48	24	6	28	1	7	7	...	...	6	2	2	2	4	2	...	...	...	24	285
	31	1	...	...	...	...	27	...	...	20	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	56
	57	4	...	...	...	...	27	2	...	23	21	3	18	1	6	6	...	...	...	2	2	...	4	2	...	...	...	12	203

RURAL DISTRICTS.

Ashbourne J. H. Wheeldon	Informal Notices served by Sanitary Inspector ...	12	2	2	...	...	...	...	...	...	7	3	7	1	8	6	3	7	3	...	7	...	...	5	...	2	...	...	75	
	Legal Notices served by Local Authority	10	...	4	...	...	...	...	...	...	5	4	22	...	6	6	17	6	...	...	4	...	...	14	...	...	...	98		
	Nuisances abated	22	2	6	...	...	...	...	...	...	12	7	29	1	14	12	20	13	3	...	11	...	...	9	...	3	...	164		
Bakewell A. Green.	Informal Notices served by Sanitary Inspector ...	19	18	40	4	...	10	25	...	9	55	47	...	23	...	...	6	4	12	2	14	3	4	42	2	...	1	2	24	366
	Legal Notices served by Local Authority	6	...	...	...	...	...	...	...	...	3	...	...	...	6	...	2	2	...	1	...	...	...	6	...	...	...	...	27	
	Nuisances abated	16	18	40	4	...	10	25	...	...	9	53	47	...	20	...	6	4	10	2	14	2	3	42	2	...	1	2	20	350

RURAL DISTRICTS—continued.

[illegible]

RURAL DISTRICTS—continued.

Table VIII. continued.

District and Inspector's Name.	Closets and Ashpits.						Drainage.				Other Defects.										Totals.							
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Privies into Pail Closets.	Conversion of Pail Closets into W.C.'s.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.		Foul Condition of Houses.	Offensive Accumu- lations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.
Hartshorne & Seals R. O. Winfield.	6	16	2	...	5	3	20	...	1	10	39	2	6	1	2	9	1	3	15	...	3	45	...	1	6	...	1	197
	6	13	2	...	5	1	20	...	1	10	39	2	6	1	2	9	1	1	15	...	3	45	...	1	5	...	1	189
Hayfield E. Swift.	7	8	...	14	5	...	...	...	...	14	22	...	...	...	...	1	3	...	1	...	...	2	1	1	2	...	...	81
	7	8	...	14	5	...	...	...	...	14	22	...	...	...	...	1	1	...	1	...	...	1	1	1	...	...	...	14
Norton E. A. Sampson.	...	2	6	...	...	...	...	...	1	6	5	...	2	...	...	...	3	2	3	1	1	...	1	...	...	...	2	36
	...	2	6	...	...	...	...	...	1	6	5	...	2	...	...	...	3	2	3	1	...	...	1	...	...	...	2	36
Repton F. W. Bullock	53	37	4	10	8	...	26	31	8	72	35	2	38	8	19	2	3	1	156	3	4	78	1	8	...	3	37	647
	3	...	...	...	...	...	...	...	1	2	...	...	...	2	1	1	...	...	48	1	...	...	...	...	...	...	...	59
	49	37	4	10	8	...	26	31	8	73	35	2	38	6	16	2	1	1	156	3	4	78	1	8	...	3	37	637

RURAL DISTRICTS—continued.

Shardlow F. G. Forman.	Informal Notices served by Sanitary Inspector ...	69	5	16	9	15	2	107	6	1	78	63	53	39	3	2	13	22	5	52	15	4	52	3	4	1	2	43	675	
	Legal Notices served by Local Authority	...	...	...	...	1	...	6	...	...	18	...	4	2	...	...	1	1	...	12	1	...	...	...	...	...	...	3	60
	Nuisances abated	62	20	29	21	16	8	119	7	2	94	73	42	65	6	5	26	15	6	50	8	5	53	3	7	4	3	26	775	
Sudbury J. Barker.	Informal Notices served by Sanitary Inspector
	Legal Notices served by Local Authority
	Nuisances abated	2	2	1	...	...	1	...	2	5	4	5	...	3	...	...	...	...	...	...	...	2	2	...	...	...	...	...	29

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

Heage Urban District. ALTERATION OF STATUS.—A proposal that the Urban District and Civil Parish of Heage be divided from that portion which comprises the Ecclesiastical Parish of Ambergate, the latter to be formed into a separate Civil Parish and transferred to the Belper Rural District, was placed before the County Council by the Parochial Electors of the Ecclesiastical Parish of Ambergate which forms part of the Urban District and Civil Parish of Heage, early in 1925. In June, 1925, a Memorial, signed by myself and Mr. Dickinson, the County Sanitary Inspector, was also placed before the County Council, proposing that the Urban District of Heage should be converted into a rural district and the whole transferred to the Belper Rural District. The reasons for making this proposal were :

- (1) That the Heage Urban District Council had neglected their duties under the Public Health Acts, especially with regard to sanitary matters, water supply and sewage disposal.
- (2) That they had neglected their duty as a Housing Authority.
- (3) That the district was essentially rural in character and could be better administered as a rural district.

A Special Committee of the County Council was formed to hold a Local Inquiry at Belper on July 22nd, 1925, and after hearing evidence on both sides they reported to the County Council on September 11th, 1925, that they did not approve of the proposal of the Electors of the Ecclesiastical Parish of Ambergate for the formation of a separate Civil Parish and its transfer to the Belper Rural District, but they agreed to the proposal for the conversion of the Heage Urban District into a rural district and its transference to the Belper Rural District. Accordingly the County Council have issued an Order under the Local Government Act, 1888, to come into force on October 1st, 1926, for the conversion of the whole of the Heage Urban District into a rural district and its transference to the Belper Rural District as recommended by the Special Committee.

HOUSING.

Such information as to the housing conditions in the County as is available in this office, is given in the Tables which follow. Further details can only be given by the Local Authorities concerned. At the end of this Report under the heading of " District Separately—Further Sanitary Requirements," the need for further housing accommodation is referred to. The total number of inhabited houses in the County is given in the First Part of the Report, and it will be seen from Table IX. that 2,849 houses have been built in the Administrative County during the year 1925. Although a great deal is being done to meet the shortage of houses, much still requires to be done. In order to meet this shortage, it is frequently

TABLE IX.

	ALFRETON.	ALVASTON & BOULTON.	ASHBOURNE.	BAKEWELL.	BASLOW.	BELPER.	BOLSOVER.	BOSNALL.	BRAMPTON & WALTON.	BUNTON (Boro').	CHESTERFIELD (Boro').	CLAY CROSS.	DRONFIELD.	GLOSSOP (Boro').	HEAGE.	HEANOR.	ILKESTON (Boro').	LONG EATON.	MATLOCKS.	NEW MILLS.	NORTH DARLEY.	RIPLEY.	SOUTH DARLEY.	SWADINCOLE.	WIRKSWORTH.	
Population	21,900	1,635	4,472	2,960	792	12,870	12,630	1,197	2,170	15,360	65,800	9,338	4,456	20,100	4,231	22,400	33,750	22,400	9,588	8,764	3,429	13,940	677	21,700	3,841	
No. of Houses in District	4,961	451	1,112	659	227	2,909	2,487	312	536	3,436	13,467	1,863	1,090	5,529	853	4,592	7,008	5,146	2,469	2,092	948	3,037	209	4,187	996	
Average No. of Persons per House	4.66	3.60	4.02	4.49	3.49	4.42	5.07	3.83	4.04	4.47	4.88	5.01	4.08	3.63	4.96	4.87	4.81	4.35	3.88	4.19	3.61	4.59	3.24	5.18	3.85	
NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:—																										
(a) Total	44	44	9	13	20	39	46		8	95	323	7	49	8	13	99	50	39	15	4	48	56	—	33	10	
(b) With State Assistance under Housing Acts	4	16	—	—	16		30		} 8		182	—	40	—	—	—	—	18	—	—	?	4	—	} ?	—	9
(1) By the Local Authority	40	—	9	13	3	39	16				125	7	9	8	13	78	45	21	15	4	?	50	—		—	—
(2) By other bodies or persons																										
UNFIT DWELLING HOUSES. Inspections:—																										
(1) No. Inspected for housing defects (under P.H. or Housing Acts)	215	—	160	6		} 90	120		8		548	—	44	2794	10	414	138	158	98	30	50	114		7	255	
(2) No. inspected and reorded under Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	25	—	—	—			23		8		165	90	1	167	—	85	24	114	—	—	—	22		1	—	
(3) No. found to be so dangerous or injurious to health as to be unfit for human habitation	—	—	15	2	1	3	—		—		280	1	—	—	2	42	—	3	—	—	3	—	—	—	1	
(4) No. (except those referred to in preceding sub-head) found not to be in all respects reasonably fit for human habitation	—	—	—	10			23		6		268	—	—	167	—	80	138	70	—	—	—	16		—	26	
REMEDY OF DEFECTS WITHOUT FORMAL NOTICES.																										
No. of defective dwelling-houses rendered fit in consequence of informal action by Local Authority or their officers	10	189	20	4	5	—	22	given.	6		261	—	1	909	15	131	270	65	7	4	—	16	given.	—	16	
ACTION UNDER STATUTORY POWERS.																										
A.—Proceedings under Sec. 3 of Housing Act, 1925,																										
(1) No. where notices served requiring repairs	—	—	—	—	—		1	No Information	—		37	—	—	44	—	8	24	3	—	—	—	—	—	No Information	—	1
(2) No. rendered fit after formal notices:—	—	—	—	—	—		1		—		15	—	—	80	—	—	125	—	—	—	—	—	—	6	1	
(a) By owners	—	—	—	—	—		—		—		8	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
(b) By Local Authority in default of owners	—	—	—	—	—		—		—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(3) No. in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—	—	—	—	—		—		—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—		—		—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B.—Proceedings under Public Health Acts—																										
(1) No. where notices served requiring defects remedying	164	—	—	—	—		10	—	—		29	92	—	48	—	11	278	—	—	—	—	27	—	—	169	
(2) No. in which defects were remedied after formal notices:—	140	—	—	—	—		10	—	—		28	92	—	40	—	11	278	—	—	—	—	25	—	—	128	
(a) By owners	—	—	—	—	—		—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) By Local Authority in default of owners	—	—	—	—	—		—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
C.—Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925:—																										
(1) No. of representations made with a view to the making of Closing Orders	—	—	1	2	—	3	—	—	—		—	1	1	—	2	42	—	—	—	—	1	—	—	1	—	
(2) No. of dwelling-houses in respect of which Closing Orders were made	—	—	1	2	—	3	—	—	—		—	1	1	—	2	—	—	—	—	—	—	—	—	1	—	
(3) No. of dwelling-houses in respect of which Closing Orders were determined, the houses having been rendered fit	—	—	10	—	—	—	—	—	—		—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	
(4) No. of dwelling-houses in respect of Demolition Orders were made	—	—	—	—	—	—	—	—	—		—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	
(5) No. of dwelling-houses demolished in pursuance of Demolition Orders	—	—	—	—	—	1	3	—	—		—	1	—	—	—	—	1	—	—	—	—	—	—	3	—	

the case that a large number of houses is built in one particular area; where in times past a single house was built, now colonies of houses spring up immediately adjoining an existing village, resulting in a marked increase of the population of the village, sometimes almost doubling it. Under these circumstances it is particularly necessary not to overlook the fact that the existing arrangements for dealing with the sewage, though capable of coping with that of the population of the old village, is quite unable to bear the additional burden of such a large number of new houses. It would be ideal if at the time of building a new colony of houses, new sewage works were constructed or existing sewage works were enlarged, but this is often impossible by reason of the low rateable value of the area. It is not till after the new houses are erected that the borrowing powers of the district will have been increased sufficiently to allow of the extension of the sewage scheme, and pending this time the sewage of the new houses is either run into the existing sewers (when the works will be overtaxed and river pollution will occur) or the new houses are each provided with a cesspool. In the second case, it is a costly item to get these cesspools filled in and the new houses connected with the sewer when sewage works have been provided or extended so as to cope with the additional sewage.

Statistical details relating to Housing in the County, the remedying of defects and action taken under the various Housing and Public Healths Acts are tabulated in Table IX.

INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**—From the report of the County Analyst given on pages 25—26, it will be seen that the milk produced within the County area is of a pure and wholesome character, generally speaking. This being a large milk producing County every effort is made to encourage the production of clean milk. The Education Agricultural Sub-Committee arranges Clean Milk Competitions in connection with Agricultural Shows wherever facilities will permit. Mr. J. R. Bond, M.Sc., the Agricultural Organiser to the Derbyshire Education Committee explains the method of conducting these tests as follows :—

Firstly : a prize fund is organised and subscriptions towards this are obtained from various public bodies and private individuals. Very often prizes are given by the big milk buyers.

Secondly : surprise samples are taken of each competitor's milk and three samples are taken usually within a fortnight of each other.

Thirdly : The sample is submitted to three simple tests, viz. : Gerber cotton wool disc, the fermentation test for Coli and a test for rapidity of souring.

The large number of competitors will not permit of the carrying out of bacteriological counts and tubercle inoculation tests, and at present it is usually impossible to make clinical examinations of the cows' udders or sanitary inspections of the byres and dairies in these competitions, but it is hoped shortly to include all these proceedings. Each sample of milk is scored according to merit and the prizes awarded on the totals. Interim reports are sent to competitors with suggestions for improvement. At the Show in connection with which each contest is organised, an exhibit is staged shewing the results of the dirt tests, fermentation and acid tests. The creditable exhibits are labelled with the names of the competitors, those less creditable bearing numbers only.

The method of carrying out the test devised by Mr. Peekham, Assistant County Bacteriologist, to demonstrate the keeping qualities of milk is fully described in the Report for 1923.

Licences for Producers of "Grade A" Milk.—No licences for the production of Grade "A" Milk were issued during 1925 under The Milk & Dairies Amendment Act, 1922.

MILK AND DAIRIES CONSOLIDATION ACT, 1915.

That portion of the above Act which is enforced by County Councils, and Part IV. of the Milk and Dairies Order, 1926, are administered by the Public Health Committee of the County Council, who have made arrangements for the necessary veterinary inspections under this Act. They have also authorised in writing Mr. W. Etchells, the Inspector under the Food and Drugs Act, and Mr. H. Dickinson, the County Sanitary

Inspector, to take samples for the purposes of this Act. Facilities for laboratory examinations are provided at the County Council's laboratory, County Offices, Derby. Since October, 1922, the County Council's laboratory has been available for the testing of samples of milk by animal inoculation, and with the object of encouraging the use of the laboratory for this purpose a nominal charge of 5/- per sample was made to District Councils and rate-payers in the County. This charge was recently altered to 7/6d. per sample as from April 1st, 1926, as, in accordance with the Ministry of Health's requirements, the test was extended to a period of four weeks instead of three. The charge to Authorities and others outside the County is £1 1s. 0d. per sample, or if sent in batches of four, 17/- per sample.

Samples of milk taken under the Tuberculosis Order, 1925, are tested by direct microscopic examination, and by animal inoculation, if the former is negative. This Order is administered by the Contagious Diseases Animals Act Sub-Committee, to whom no charge is made for testing samples of milk sent in under the Tuberculosis Order. In return for this service the Contagious Diseases Animals Act Sub-Committee undertake the inspection of the cattle from any premises in which The County Medical Officer has reason to suspect there is a cow suffering from disease of the udder or giving tubercular milk. Co-operation on these lines between the two Committees saves overlapping, has resulted in a considerable economy in the expense of administering the Act and Order, and also expedites the eradication of the source of the tubercular milk. I would like here to record my appreciation of the assistance I have received in this connection from the Chief Constable and his staff.

It will be remembered that the Tuberculosis Order, 1925, came into force on the same day as the Milk and Dairies Consolidation Act, 1915, and as it is difficult to separate the work under the Act from that under the Order, the figures submitted show the total work done under both. Up to the end of December, 1925, the records show that 553 cows had been slaughtered. Of these 454 were found on post-mortem examination to be suffering from advanced tuberculosis, 91 with tuberculosis but not advanced, and 8 were found to be non-tuberculous.

The Act and Order came into force on September 1st, 1925, and the work done during the last four months of the year is given in the following Table, which demonstrates the falling-off in the number of cases dealt with :—

<i>Month</i>		<i>No. with advanced tuberculosis.</i>	<i>No. with tuberculosis but not advanced.</i>	<i>Not tubercular.</i>
1925.				
September	...	171	22	2
October	...	114	27	4
November	...	101	24	1
December	...	68	18	1

This falling off may have two explanations : either the keenness for bringing cases to our notice has dropped off, or we are definitely stamping out tuberculousness from the various herds of cows throughout the County. I believe the second is the correct reading. The procedure adopted has been very expeditious in its action and the work done in Derbyshire during the first month was greater than in any other County. This was deliberately intended, for the only way to stamp out tuberculosis is to set to work and do it quickly and thoroughly.

The number of samples of milk examined in the County Laboratory for the purpose of aiding in the diagnosis of tuberculosis during the same period was 66, of which 6 were positive by direct examination ; no inoculation test was therefore carried out, whilst 5 were found to be positive by inoculation into guinea pigs.

However, as tuberculosis, whether in animals or man, is ultimately a question concerning the public health, there is one point which I should like to bring to the notice of those interested in this subject, and that is, that to my mind it is almost useless slaughtering animals under the above Act and Order without at the same time thoroughly disinfecting the cowshed or other premises in which the infected animals have been living. There may be controversy as to the value of disinfection in the case of some diseases, but in my opinion there is no question whatever that the disinfection of cowsheds, in the case of tuberculosis, properly carried out, is of the utmost value—in fact I will go so far as to say essential, if we intend to thoroughly stamp out the disease.

It appears to me that the proper course is to endeavour to educate farmers and others concerned to the desirability of disinfecting cowsheds after occupation by tuberculous animals, and on my suggestion, the Agricultural Organiser, through the medium of the " Derbyshire Young Farmer " has brought to the notice of farmers the necessity for such disinfection, and has pointed out the method which should be adopted to carry it out efficiently. These methods are those, or something very similar to those, advocated by Dr. Savage, of Somersetshire, namely :—

- (1) Sweep out the dung and manure into the open air. The roof of the building need not be touched.
- (2) Thoroughly wash the trough with bleaching powder solution, 1lb. to the gallon.
- (3) If there is an earth floor, remove 4 inches of the earth and replace it with new earth.
- (4) Wash down the walls with the above bleaching powder solution and leave to dry.
- (5) Lime-wash after walls are dry.

In addition to these points it is necessary to avoid leaving dung and straw for pigs to get at, as this is not an uncommon way in which pigs become infected. The dung should be swept up and burnt immediately, the ashes thinly scattered away from any possibility of pigs getting at them, and left exposed to the daylight and sunshine.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

INFECTIOUS DISEASES GENERALLY.

Small-pox.—It will be seen from the following Table that the mild type of Small-pox which was introduced into the County in 1921 is still prevalent, but is decreasing. I commented on this disease in my Report for last year, and there is nothing further to add to what was said at that time.

The notifications of cases of Small-pox according to Sanitary District from 1921 to 1924 are given in the following Table :—

TABLE X.

	1921	1922	1923	1924	1925
<i>Urban Districts.</i>					
Alfreton ... ..	...	...	23	1	...
Alvaston & Boulton	...	...	...	...	18
Belper ... ..	...	1	1	...	2
Bolsover ... ..	...	15	19	36	7
Chesterfield (Boro')	...	...	32	518	76
Clay Cross ... ..	...	...	...	3	52
Heanor ... ..	...	34	144	11	1
Ilkeston (Boro')	...	100	15	3	...
Long Eaton	14	1	43	12	...
Matlocks	1	...	...	...	...
Ripley ... ..	...	...	5	1	1
Swadlincote ... ..	...	...	8	135	...
<i>Rural Districts.</i>					
Bakewell	1	...	...	...	...
Basford	1	2	...	...	...
Belper ... ..	...	49	...	...	...
Blackwell	1	8	77	154	77
Chesterfield ... ..	...	...	...	216	91
Clown ... ..	...	15	86	4	1
Hartshorne & Seals	...	...	1	2	...
Repton ... ..	...	...	...	5	2
Shardlow	3	3	22	22	11
TOTALS	21	228	486	1123	339

TABLE XI.—Enteric or Typhoid Fever.

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.	Case rate per 1,000 of population.
1900	678	14·8	·203	1·36
1901	495	15·5	·16	·98
1902	262	17·5	·09	·52
1903	340	10·5	·07	·67
1904	352	15·0	·11	·68
1905	263	17·11	·09	·50
1906	333	15·0	·09	·62
1907	194	18·56	·07	·35
1908	238	15·55	·07	·43
1909	157	15·27	·05	·27
1910	143	12·59	·03	·25
1911	189	15·34	·05	·33
1912	116	21·55	·04	·20
1913	120	20·83	·04	·21
1914	59	13·56	·01	·10
1915	88	22·7	·03	·16
1916	74	22·98	·03	·13
1917	52	19·24	·02	·09
1918	58	25·86	·02	·11
1919	123*	12·20	·02	·22
1920	58	13·79	·01	·10
1921	63	12·70	·01	·10
1922	25	8·0	·003	·04
1923	42	16·66	·01	·07
1924	52	7·69	·01	·08
1925	37	8·10	·005	·06

The above Table shows that 37 cases of this disease occurred with 3 deaths. The case mortality was 8·10 per cent as compared with 7·69 in the previous year.

Diphtheria.—It will be seen that there has been a slight increase in the number of cases of Diphtheria, and a fairly marked increase in the number of deaths from the disease during the year.

The number of specimens received at the County Laboratory for examination for the diphtheria bacillus during the past three years, is as follows :—

1923	...	...	2,772
1924	...	...	4,031
1925	...	...	5,802

From these figures it is seen that the number of specimens received has more than doubled during this short period, and it would appear that the medical profession are constantly on the look-out for cases of diphtheria: this is all to the good, but it is to be hoped that they are not placing too much reliance on the bacteriologist. Swabbing and waiting for the bacteriologist's report may not only be misleading, but may on occasions be dangerous to the patient. I have got the idea, rightly or wrongly, that too much reliance is being placed on swabbing, and there is a danger that we shall cease to be able to diagnose diphtheria from its clinical signs and symptoms yet it is on these that the diagnosis mainly rests.

Measles.—The total number of deaths from Measles during the year was 69, as compared with 39 in the previous year. Of these 69 deaths, 8 occurred in the Borough of Chesterfield and 15 in the Blackwell Rural District.

Scarlet Fever.—During the year 1,864 cases of Scarlet Fever were notified, 14 of which proved fatal, compared with 1,413 cases and 9 deaths in the previous year. The case mortality during the year was 0·70 per cent, compared with 0·62 in 1924.

Whooping Cough.—76 deaths occurred from this disease, giving a death-rate of 0·12 per thousand of the population, compared with 0·09, the rate for the previous year.

Cancer.

TABLE XII.

*Death Rate per annum from Cancer in England and Wales
and in Derbyshire 1901-1925.*

<i>Year.</i>	<i>England and Wales.</i>			<i>Derbyshire.</i>		
1901-1911	0·89	...	...	0·667
1911	0·99	...	...	0·730
1912	1·10	...	...	0·728
1913	0·98	...	...	0·822
1914	0·98	...	...	0·872
1915	0·96	...	...	0·830
1916	0·98	...	...	0·951
1917	0·99	...	...	0·929
1918	0·99	...	...	1·022
1919	1·17	...	...	0·871
1920	1·16	...	...	0·988
1921	1·21	...	...	0·990
1922	1·22	...	...	0·980
1923	1·26	...	...	1·010
1924	1·29	...	...	0·990
1925	0·987

It will be seen from the above Table that the death-rate in this County from this disease has been practically stationary for the last ten years. As matters stand at present I think there is but little to be done by the Public Health Service to lower the death-rate. Everything points to laboratory research as being the source from which further knowledge is likely to come, and until we have this additional knowledge it appears to me that there is little further the Public Health Service has to offer in the prevention of this disease. At the present time the only effective remedy is operation. It is not only useless, but to my mind, dangerous to reiterate the necessity for coming under early treatment—I am convinced that everyone knows it; the reason people suffering from Cancer do not place themselves under a surgeon at an early date is in many instances because the condition is symptomless. There is no way of overcoming this difficulty except periodical medical inspection,

and even then in a large percentage of cases it is impossible to say whether cancer, even in a stage of some advancement, is present or not. That too much propaganda can do harm was recently demonstrated to me by a surgeon of note. Three women came to his clinic one after the other each suffering from cancer of the breast, in an advanced and hopelessly inoperable stage. He asked the same question of each: "Why did you not come before?" The reply was the same in each case also, "I did not come because I was afraid the lump would be cancer." One of the cases had been operated on by this surgeon and was told to report again if she saw the slightest sign of recurrence; the second case had been under a doctor for some years for another condition, and she admitted that she deliberately hid her breast condition from him for fear he should say it was cancerous. The third case frankly admitted that she was hoping against hope that the condition was not cancer, but under no condition would she submit to operation so she might just as well come late as early.

Propaganda has taught everyone that a lump in the breast may be cancer and should be seen at the earliest possible moment, and propaganda has nothing more to do in this direction. What it has now to do is to dispel the fear of the knife, and I cannot see how this is going to be done by generalised lectures or pamphlets. Some far more personal touch is needed, and I feel that the right person to set about this is the patient's own doctor. However, it appears that the danger of bleeding about the time of the menopause is not sufficiently recognised by women, and Maternity & Child Welfare Centres suggest themselves as the proper media for disseminating knowledge in this respect.

Encephalitis Lethargica.

The following Table shows the number of cases of Encephalitis Lethargica notified in the various Sanitary Districts of the County from June, 1920, to December, 1925 :—

TABLE XIII.

Districts.	1920 (from June).	1921	1922	1923	1924	1925
URBAN.						
Alfreton ... ..	...	1	...	...	1	1
Bakewell ... ..	...	...	1	...	1	...
Belper	1	3	...	2	...	...
Bolsover	1	...	...	...	...	1
Bonsall ... ..	...	...	1	...	...	...
Brampton & Walton	...	...	...	...	1	...
Buxton Boro' ...	2	...	1	...	2	1
Chesterfield Boro'	...	2	...	1	8	11
Clay Cross ... ..	...	...	...	...	2	2
Dronfield ... ..	...	...	...	...	4	1
Glossop Boro' ...	...	...	1	2	2	...
Heage ... ..	...	1	...	...	1	...
Heanor	2	1	1	...	1	...
Ilkeston Boro' ...	1	...	...	...	1	1
Long Eaton ... ..	...	...	1	...	2	1
Matlock ... ..	...	1	...	...	...	...
New Mills	1	...	...	...	4	4
Ripley ... ..	...	...	...	...	2	1
Swadlincote ... ..	...	...	...	1	...	...
RURAL.						
Bakewell ... ..	...	1	...	...	3	1
Belper ... ..	...	...	1	...	6	1
Blackwell ... ..	...	1	...	...	6	5
Chapel-en-le-Frith	1	...	...	...	2	1
Chesterfield ... ..	...	1	1	...	17	9
Clown ... ..	...	...	...	...	2	...
Hartshorne & Seals	...	...	...	...	...	1
Hayfield ... ..	...	1	...	...	3	...
Norton ... ..	...	...	...	...	4	...
Repton ... ..	...	...	...	...	4	...
Shardlow ... ..	...	1	1	...	4	1
Sudbury ... ..	...	...	...	...	1	...
Totals	9	14	9	6	84	43

It is satisfactory to see that the number of cases during 1925 is only half that of 1924. It would be still more satisfactory if this fall were the result of our increased knowledge of the cause and treatment of the disease, but unfortunately there is no appreciable advancement in this knowledge to report. The after-effects of the disease are, if anything, more dreadful than the disease itself, and the difficulty in dealing with the sufferers from these after-effects are very great, particularly in the case of children. I have pointed out in my School Report that the Metropolitan Asylums Board have provided accommodation for 100 such children. The need for a similar institution for children outside the Metropolis is equally great. It is to be hoped that the investigation into the possibility of making similar provision in the North of England will result in the establishment of such an institution where children from several Counties can be accommodated and investigations made by an expert. It is only in this way that effective research can be carried out. The establishment of numerous small institutions apart from being uneconomical would not lend itself to research to anything like the same extent.

TABLE XIV.

Cases of Notifiable Diseases notified during 1925
as reported by the Local Medical Officers of Health.

Urban Districts.	Tuberculosis.		Small Pox.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Puer- peral Fever.	Cere- bro- Spinal Fever.	Ery- sipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmon- ary.	Other									
Alfreton	7	4	..	44	25	1	1	..	7	..	1
Alvaston & Boulton	4	..	18	2	4	..	..	..	..	..	..
Ashbourne	4	2	..	1	2	..	..	..	1	..	..
Bakewell	1	..	..	4	..	..	1	..	2	..	..
Baslow .. ..	..	..	..	..	..	..	..	..	1	..	..
Belper	34	4	2	77	67	..	..	..	2	2	..
Bolsover	13	6	7	50	37	3	..	..	8	1	1
Bonsall .. ..	..	1	..	..	..	..	..	..	..	..	..
Brampton & Walton	1	1	..	9	..	..	..	..	..	1	..
Buxton (Boro')	24	11	..	23	6	1	..	..	2	..	1
Chesterfield (Boro')	83	9	77	216	77	3	6	..	45	11	11
Clay Cross	8	3	53	29	3	..	..	..	4	..	2
Dronfield	2	..	..	8	1	1	..	..	1	..	1
Glossop (Boro')	38	15	..	149	50	..	2	..	9	..	..
Heage	6	3	..	9	5	..	1	..	..	..	..
Heanor	24	12	1	76	15	2	7	..	6	2	..
Ilkeston (Boro')	47	5	7	..	16	2	..	..	..	1	1
Long Eaton	23	3	..	53	5	..	..	..	15	1	1
Matlocks	39	12	..	9	1	1	..	..	..	..	..
New Mills	7	6	..	11	8	5	..	1	3	..	4
North Darley	4	2	..	5	4	..	..	..	..	..	..
Ripley	13	4	1	5	..	26	1	..	10	..	2
South Darley	1	..	..	1	..	..	..	..	..	..	..
Swadlincote	32	12	..	90	7	1	2	..	10	..	..
Wirksworth	7	..	..	3	..	..	..	..	..	1	..
<i>Urban Districts</i>	422	115	166	874	333	46	21	1	126	20	25

Rural Districts.	Tuberculosis.		Small Pox.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Puer- peral Fever.	Cere- bro- Spinal Fever.	Ery- sipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmon- ary.	Other.									
Ashbourne	6	6	..	7	1	1	..	..	2	..	..
Bakewell	17	4	..	22	3	1	2	..	10	..	1
Basford	3	4	..	5	..	..	..	..	..	..	..
Belper	28	11	..	87	31	5	..	..	9	4	1
Blackwell	50	43	77	232	52	3	5	..	22	5	7
Chapel-en-le-Frith	21	8	..	63	2	..	1	1	1	1	1
Chesterfield	105	36	93	281	168	5	8	1	37	10	9
Clowne	24	4	1	26	25	2	2	..	11	1	1
Glossop Dale	9	2	..	8	3	..	..	..	3	..	..
Hartshorne & Seals	7	5	..	9	5	..	..	1	4	..	1
Hayfield	8	2	..	20	5	1	..	..	2	..	..
Norton	12	1	..	14	1	..	..	..	1	1	..
Repton	13	3	2	81	4	1	1	..	3	1	..
Shardlow	48	15	12	105	48	2	2	..	11	6	1
Sudbury	1	1	..	1	..	..	..	..	..	..	..
<i>Rural Districts</i>	352	145	185	961	348	21	21	3	116	29	22
<i>Urban Districts</i>	422	115	166	874	333	46	21	1	126	20	25
<i>Whole County</i> ..	774	260	351	1835	681	67	42	4	242	49	47

TABLE XV.

Shewing the number of Cases, the number of Deaths, the case rate per 1,000 of population and the case mortality per cent from Smallpox, Scarlatina, Diphtheria and Typhoid Fever.

URBAN DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
Alfreton ...	...	...	...	...	44	...	2.00	...	25	...	1.14	...	1	...	.04	...
Alvaston & Boulton	18	...	11.01	...	2	...	2.75	...	4	1	5.50	25.00	...	...	...	...
Ashbourne	...	...	...	...	1	...	.23	...	2	...	.47	...	...	...	...	...
Bakewell ...	...	...	...	...	4	...	1.35	...	...	...	...	...	...	...	...	...
Baslow	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belper	...	2	.15	...	77	1	5.08	1.29	67	4	5.20	5.97	...	...	...	...
Bolsover ...	7	...	.55	...	50	...	3.95	...	37	...	2.92	...	3	...	.23	...
Bonsall	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brampton & Walton	...	...	...	...	9	...	4.14	...	...	...	...	...	...	...	...	...
Buxton (Boro')	...	...	...	...	23	...	1.49	...	6	...	.39	...	1	...	.06	...
Chesterfield (Boro')	77	1	1.17	1.29	216	1	3.28	.46	77	10	1.17	12.99	3	...	.45	...
Clay Cross ...	53	...	5.67	...	29	...	3.10	...	3	1	3.21	33.33	...	...	...	...
Croonfield	...	...	...	...	8	...	1.79	...	1	...	.22	...	1	...	.22	...
Hossop (Boro')	...	...	...	...	149	1	7.41	.67	50	3	2.48	6.00	...	...	...	...
Keage	...	...	...	...	9	...	2.12	...	5	...	1.18	...	...	...	...	...
Keenor	1	...	.05	...	76	...	3.39	...	15	2	.67	13.33	2	...	.09	...
Lekeston (Boro')	7	...	.20	...	...	...	...	...	16	...	.47	...	2	...	.06	...
Long Eaton	...	...	...	...	53	1	2.36	1.88	5	1	.22	20.00	...	...	...	...
Matlocks	...	...	...	...	9	...	.93	...	1	...	.10	...	1	1	.10	100.00
New Mills	...	...	...	...	11	...	1.25	...	8	1	.91	12.50	5	...	.57	...
North Darley	...	...	...	...	5	...	1.45	...	4	...	1.16	...	...	...	...	...
Stapley	1	...	...	...	26	...	1.86	...	5	...	.35	...	...	...	...	...
South Darley	...	...	...	...	1	...	1.47	...	...	...	...	...	...	...	...	...
Wadlincote	...	...	...	...	90	1	4.14	1.11	7	2	.32	28.5	1	...	.04	...
Wirksworth	...	...	...	...	3	...	.78	...	...	...	...	...	...	...	...	...
	166	1	.51	.60	895	5	2.79	.55	338	26	1.05	7.69	20	1	.06	5.00
RURAL DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
Ashbourne	...	...	...	...	7	...	.67	...	1	...	.09	...	1	...	.09	...
Bakewell	...	...	...	...	22	...	1.20	...	3	1	.16	33.33	1	...	.05	...
Basford	...	...	...	...	5	...	3.09	...	...	...	...	...	...	...	...	...
Belper	...	...	...	...	87	1	3.60	1.14	31	5	1.28	16.13	5	...	.20	...
Blackwell	77	...	1.67	...	232	4	5.04	1.72	52	3	1.13	5.76	3	...	.06	...
Chapel-en-le-Frith	...	...	...	...	63	1	3.90	1.58	2	1	.12	50.00	...	...	...	...
Chesterfield	93	1	1.14	1.07	281	1	3.46	.35	168	9	2.07	5.35	5	...	.06	...
Crowne	1	...	.05	...	26	...	1.39	...	25	2	1.33	8.00	2	...	.10	...
Glossop Dale	...	...	...	...	8	...	2.14	...	3	...	.80	...	...	...	...	...
Hartshorne & Seals	...	...	...	...	9	...	1.02	...	5	...	.56	...	...	...	...	...
Hayfield	...	...	...	...	20	...	4.63	...	5	1	1.15	20.00	1	...	.23	...
Horton	...	...	...	...	14	...	3.10	...	1	...	.22	...	...	...	...	...
Lepton	2	...	.11	...	81	2	4.76	2.46	4	...	.23	...	1	...	.06	...
Hardlow	12	...	.35	...	105	...	3.08	...	48	4	1.40	8.33	2	2	.06	100.00
Madbury	...	...	...	...	1	...	.39	...	...	...	...	...	...	...	...	...
Rural Districts	185	1	.64	.53	961	9	3.29	.93	348	26	1.19	7.47	21	2	.07	9.52
Urban Districts	166	1	.51	.60	895	5	2.79	.55	338	26	1.05	7.69	20	1	.06	5.00
Whole County	351	2	.57	.56	1856	14	3.03	.75	686	52	1.12	7.57	41	3	.06	7.31

General.—The remarkable change which has come over the whole subject of infectious diseases during recent years, and the altered out-look consequent thereon, are worthy of note. I cannot hope to do justice to those workers who have presented us with what appears to be most effective weapons against infectious diseases, but it is worth while pointing out the change in attitude towards these diseases that their work has brought about. Whereas up to the present, efforts have been directed mainly towards preventing the spread of infectious diseases from a focus, now there is a body of scientists whose attention has been turned towards the possibilities of stopping the actual focus of disease by inducing immunity in the subject. Just as it is far preferable to prevent the onset of small-pox in the subject by making that subject immune, as can be done by the simple process of vaccination, rather than, having allowed a case to occur, to have to fall back on the inferior process of stopping the spread of the disease from the original focus, so it will be far better to prevent the actual occurrence of a case of other infectious disease rather than to endeavour to stop the spread from an already existing case. Until recently however, we have had but little choice in the matter, and have had to concentrate on stopping the spread of infection in such diseases as scarlet fever, diphtheria and measles, but to-day we are on the eve of a new era. It is now quite certain that immunity against scarlet fever, diphtheria and measles can be artificially produced in human beings, and it is likely that after a little further research the process of immunisation against these diseases will be put on a sure enough footing to be recommended generally as a public health measure.

As regards small-pox, it was known before the time of Jenner, that a person who had suffered from cow-pox was protected against the small-pox, but it was Jenner who first put immunisation against small-pox on a scientific basis. Jenner's first paper was published in 1798, and proof of the value of vaccination has been forthcoming ever since that time.

One of the most striking examples of the value of vaccination was furnished by the Great War, for not a single case of small-pox occurred in the Second Army in France from the time of its formation in 1914 until it left France in 1917, and the experience of the Second Army as to the value of vaccination was also experienced by the other British Armies in France.

Next in order comes Typhoid Fever: vaccination against this disease was introduced by Wright in 1897. Evidence in favour of this method of protection is overwhelming, and again the Great War has done away with all doubt as to its value: soldiers and sailors commencing duty under conditions which were favourable for the spread of typhoid fever were protected by inoculation with what good results it is best appreciated when comparing the ravages of typhoid fever in the South African War with the almost complete absence of the disease in the last war. When inoculating against Typhoid Fever it was usual to inoculate against cholera at the same time by using a mixed vaccine.

More recent work on diphtheria, scarlet fever and measles, particularly the two former diseases, is that to which I wish to particularly draw your attention. It is now possible by means of the "Schick" test to say whether a person is naturally immune to diphtheria or not. If as a result of this test he is found not to be naturally immune, artificial immunity can be induced by injecting toxin-antitoxin mixtures: three injections at intervals of a week are usually given, and in response to these injections there is formed in his body the necessary substances to prevent the germ of diphtheria from invading his tissues, and for neutralising the poisons which those bacteria create in him: in other words, he has developed an immunity against diphtheria. The immunity in this case lasts for several years. This active immunity must not be confused with the passive immunity induced in a person by giving injections of antitoxin. The latter procedure is indicated where it is necessary to produce immunity rapidly as in the case of a person who has been in close contact with a case of diphtheria, or is in the early stages of the actual disease. This passive immunity although rapidly induced, passes off in the course of a few weeks.

In the case of Scarlet Fever, the question as to whether an individual is immune or not is decided by what is known as the "Dick" test, which consists of the intradermal injection of the soluble toxic filtrate obtained from cultures of the specific hæmolytic streptococcus of scarlet fever. Where a person is found to be lacking such immunity, he may be immunised in 90 per cent of cases by an appropriate form of vaccination.

The method is comparatively safe provided proper precautions are taken.

It has been found possible, quite recently, to immunise a person against measles. In these cases the immunity induced is passive, *i.e.*, the actual specific antitoxin of measles is injected into the patient in contra-distinction to what occurs in active immunity where the patient's body makes its own antitoxin in response to the stimulus of injections of toxin. In the case of measles the immunity is produced by injecting into the patient serum from a person who is convalescent from measles. Usually 1 c.c. of serum is injected for each year of age of the child. If serum from such a convalescent patient is not forth-coming, the actual blood of a father or brother who has had measles sometime previously may be used. The dose of blood should be about three times as great as the corresponding dose of serum. If the object is to prevent measles during an epidemic, the injection should be given before the sixth day of the incubation period. If given after the sixth day it will probably not prevent the attack but will make it much milder; this mild attack however, will produce in the patient an active immunity against measles, which will be permanent, whereas passive immunisation, procured by injection before the sixth day will be temporary only. Before this immunisation in the case of measles can be recommended as a public health measure however, much more work has to be done in connection with it.

Our knowledge of Whooping Cough has been advanced by the discovery of the causative organism.

There is another aspect which deserves attention in connection with infectious diseases, and that is the remarkable change of type which has taken place within comparatively recent years. We are all aware of the mildness of the scarlet fever as seen to-day compared with that seen some years ago. One can never mention the subject of scarlet fever to an old clinician without his remarking on this fact. So much is this the case that there are those who would label this mild type of scarlet fever which we are experiencing to-day as "para-scarlet fever" just as there are those who label the present mild type of small-pox "para-small-pox." It would be far better to stick to the adjective "mild" and prefix this in front of "small-pox" or "scarlet fever" to indicate the change in type.

As will be seen from the Tables, the mortality rate of Enteric Fever is tending to get less, indicating that this disease is running a milder course, and I have during the year seen some of the mildest forms of measles and German measles that I have ever seen, and what is more, I have seen them with men with long experience, and they have made the same remark. On the explanation of this I cannot attempt to dogmatise, but it seems possible to me that with the close contact between individuals to-day, each one of us must be constantly receiving small doses of the infective agent of these diseases and we thereby acquire partial immunity: if these diseases fall upon new ground they not infrequently show a tendency towards greater virulence,

TABLE XVI.
INCIDENCE OF NOTIFIABLE DISEASES.

	<i>Total Cases notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Total Deaths.</i>
Small-pox	351	333	2
Scarlet Fever	1835	1342	14
Diphtheria	681	423	52
Enteric Fever	67	23	3
Puerperal Fever	42	12	17
Pneumonia	781	11	584
Cerebro Spinal Fever	4	2	—*
Erysipelas	242	3	—*
Ophthal. Neonotorum	49	4	—*
Encephalitis Lethargica	47	12	28
Measles	354	1	69
Chicken-Pox	2173	6	—*

* No information available.

Further particulars are given in Table IV, where the numbers of cases of Infectious Diseases notified in each Hospital District are set out.

GOITRE.

This subject is dealt with at some length in the School Annual Report for 1925, with particular reference to the use of iodine in the prevention of the disease, and the iodine deficiency theory of Goitre. I have endeavoured to show in that Report that iodine deficiency theory of Goitre is entirely lacking in proof and has no foundation: that childhood goitre is frequently not true endemic goitre: that iodine administration for the prevention or cure of goitre should be carried out with discrimination, and that the administration of iodine as a public health measure needs to be carried out with caution. I have also endeavoured to point out that in our ignorance we are not justified in attempting to administer iodine by means of a public water supply.

Endemic Goitre in Derbyshire. In order to gain some idea as to the prevalence of goitre in this County, a circular was sent to over 130 doctors practising in the County asking for information on certain definite points. A good number of replies were received. I must, however, point out that some of the information is based on impressions only, but the writers were careful to state that fact. Nevertheless, the collective experience of these men enables the following facts to be stated:—

- (1) In practically all districts there has been a diminution in prevalence.
- (2) Females are more affected than males in varying proportions of from 3 to 1 to 10 to 1.
- (3) In practically all districts this diminution is due to a better water supply. Where the water supply is unchanged in some districts goitre has remained in *statu quo* (Dr. Barwise refers to this in his School Report of 1909, and comes to the same conclusion).
- (4) There seems to be a decided connection between waters that are hard and the presence of endemic goitre, and in many there is sedimentary pollution. Goitre is, in the experience of many, much more prevalent in the limestone. Most are agreed that the millstone grit has exceptionally little goitre. Whilst goitre does occur in the South of Derbyshire, it does not prevail to the same extent as further north on the limestone.
- (5) The type of goitre in the past was the huge cystic and adenomatous goitre. The present type is smaller and softer. Many doctors attribute this to early treatment, and not a few to better feeding.

INFECTIOUS DISEASES IN SCHOOLS.

During the year the Regulations with regard to infectious diseases in schools have been amended so as to fall into line with the revised Memorandum of the Ministry of Health and Board of Education issued in 1925, and a much more comprehensive scheme of inter-

notification between School Medical Officers, local Medical Officers of Health and School Teachers was inaugurated. Under the present arrangements the School Medical Officer and local Medical Officers of Health are informed of all outbreaks of infectious disease occurring in the schools at the earliest possible moment. The machinery for the exclusion of individual children has been simplified by instituting a system whereby the Medical Officer of Health embodies his recommendations in certificates which are transmitted to the School Medical Officer, who regularises the exclusion by transforming such certificates into formal authorisations under Article 53(b) of the Code, thereby obviating the cumbersome and slower procedure provided for under Article 57, which is to the effect that a Medical Officer of Health cannot exclude a child from school but he can advise his Sanitary Authority, or two members thereof, that exclusion is necessary and they can require the exclusion of the individual child.

All cases of infectious disease are reported on an appropriate form to both the School Medical Officer and the local Medical Officer of Health by the Head Teachers. This form serves not only as an intimation that infectious disease is prevalent, but also as a basis on which the School Medical Officer is enabled to certify, under Rule 23 of Schedule IV. of the Code as now amended, that the average attendance of the school has fallen below 60% by reason of the prevalence of epidemic disease in the district. On such a certificate the attendance for any week need not be reckoned in calculating the average attendance for the purpose of the Board's grant.

Exclusion of individual Children.—The number of children temporarily excluded on account of infectious diseases during 1925 was 467, made up as follows :—

Tuberculous diseases ...	265
Ringworm	143
Scabies	25
Chicken-pox	10
Measles	2
Mumps	2
Tonsilitis	16
Whooping Cough ...	3
Small-pox contact ...	1

Schools Closed.—The number of schools closed during the year are set out in the following Table, together with the numbers for the previous 11 years for purposes of comparison :—

TABLE XVII.

	No. of Schools or De- part- ments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Author- ity.	REASON FOR CLOSURE.							
				In- fluenza.	Measles.	Whoop- ing Cough.	Chicken Pox.	Scarlet Fever.	Diph- theria.	Mumps.	Other Causes.
1914	69	37	32	—	29	18	4	11	4	2	—
1915	34	23	11	—	21	1	1	6	1	2	1
1916	29	22	7	—	13	4	1	2	5	3	1
1917	15	13	2	—	8	1	2	1	1	1	1
1918	463	153	310	394	25	20	9	5	5	3	2
1919	70	28	42	28	32	1	1	2	4	1	1
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—

It will be seen that the number of schools closed by the Sanitary Authority has risen markedly, and I would draw attention to paragraph 43 of the Memorandum on Closure of and Exclusion from School issued jointly by the Ministry of Health and Board of Education, which reads as follows :—

“ It may be safely laid down as a general principle that if *the power to exclude individual children be used to the best advantage, it is only in special and quite exceptional cases that it will be necessary to close a School in the interests of public health.* School closure may generally be regarded as an indication

either of failure to make proper use of the more discriminating and scientific method of excluding individual children, or of inadequate co-operation between the Public Health and the School Authorities. It interferes seriously and unjustifiably with the education of the scholars, and it deprives the Medical Officer of Health and the School Medical Officer of information respecting attacks in their early stage or illness of a doubtful nature which would be obtainable if the Schools were kept open."

Schools.—The sanitary condition and water supply of schools, and the steps taken in relation to the health of the scholars and for the prevention of the spread of infectious disease, are fully dealt with in the School Annual Report of this year, but in order to meet the requirements of the present Survey Report, I give the following extracts from the School Report :—

School Hygiene.—The Assistant School Medical Officers, when forwarding their returns after medical inspection at a school, should include a special form (M.I. 1a), setting out the general sanitary condition of the school. The main headings of this form are given in the Table below, but the sub-headings, for the sake of brevity, have been omitted. 39 such reports were received during the year, and the details are set out below.

	Good.	Insufficient.	Defective or needs repair.
Cleanliness	38	—	1
Heating	35	1	3
Lighting	35	2	2
Ventilation	33	4	2
Water Supply	35	1	3
Washing Arrangements	30	6	3
Cloak Room Arrangements	29	6	4
Sanitary Arrangements	32	—	7
Playground	31	—	8

Matters requiring attention are referred to the School Architect, who reports that work has been carried out during the year to school buildings as follows :—

<i>No. of Schools.</i>	<i>Type of Work.</i>
7	New heating apparatus installed.
5	Heating improved by stoves or fireplaces.
6	Conveniences converted.
3	Drainage improved.
3	Ventilation improved.
1	Gas laid on.
1	Electric light has been supplied.
5	Water service laid on.
8	New floors put in.
1	Has been supplied with Cookery Centre.
3	Have been supplied with Manual Rooms.
186	Have had general repairs.

The arrangements for mid-day meals and for drying boots and clothes in the Elementary Schools are as follows :—

Mid-day Meals.

No. of depts. where children remain at school for the mid-day meal	... ..	393
No. of children concerned (a) in winter	...	7,163
(b) in summer	...	5,989
Hot dinners can be obtained from cookery centre on 3 days a week in	... ..	1 dept.
Soup, cocoa, or hot milk supplied at a small charge in	... ..	12 depts.
Facilities for heating food exist in	... ..	55 „
„ „ preparing hot drinks, boiling eggs, etc. exist in	... ..	108 „
Hot water obtained from houses near school in	...	9 „
No special arrangements but teachers remain at school during mid-day meal and attend to children in	... ..	59 „

In a small number of schools table-cloths, crockery, etc., are provided, but generally the children bring with them what they need in this way. In one school the headmaster reports that he provides utensils for the preparation of a hot meal, but they are never needed as the children seem to prefer bringing sandwiches, etc.

As a rule a meal is taken in a classroom, sometimes in a lobby or cloakroom; in 1 school the woodwork room is used; in 2 the domestic subjects room is used; and 2 schools have a spare room which is available.

Facilities for drying boots and clothes.

Cloakrooms heated sufficiently to dry clothes in ... 106 depts.

In a few of the newer schools the pegs are attached to heated pipes.

A furnace-room, and in one case the kitchen, can be used in 18 „

A spare room is used in 10 „

Staff room is used in 31 „

Clothes and boots dried in school house in ... 10 „

„ „ „ caretaker's house in ... 4 „

„ „ „ neighbours' houses in ... 4 „

The rest use classroom fires, pipes, radiators, etc.

The children are advised to bring a change of shoes, and in 13 schools the head teachers have collected a supply of slippers for use in wet weather.

In 12 departments there is an inspection of shoes and clothing in very wet weather, and the teachers do what they can for the children. Often a line is fixed up over radiators, on which clothes are dried.

BACTERIOLOGICAL LABORATORY.

During the year 13,141 specimens for bacteriological examination were examined at the County Laboratory, compared with 11,125 in the previous year. The following Table shows from where the specimens were received :—

TABLE XVIII.

Medical Practitioners	...	...	...	4,068
School Medical Staff	...	...	...	1,119
Dispensary Staff	...	...	...	1,230
Hospitals (Isolation and others)	...	...	...	3,554
District Sanitary Inspectors	...	...	...	498
Venereal Diseases	...	...	...	2,107
Borough of Derby	...	...	...	532
Borough of Derby (Milk Specimens)				33
Total				13,141

The number of specimens sent in by Medical Practitioners from the Urban Districts was 9·30 per thousand of the population, and in the Rural Districts it was 5·55.

TABLE XIX.—Bacteriological Specimens Examined.

Districts.	Population.	No. of Specimens sent.	Rate per 1,000.
URBAN.			
Alfreton	21,900	62	2.83
Alvaston & Bolton	1,635	22	13.45
Ashbourne	4,472	27	6.03
Bakewell	2,960	22	7.43
Baslow	972	3	3.78
Belper	12,870	617	47.94
Bolsover	12,630	124	9.81
Bonsall	1,197	—	—
Brampton & Walton	2,170	23	10.60
Buxton (Boro')	15,360	229	14.91
Chesterfield (Boro')	65,800	428	6.50
Clay Cross	9,338	73	7.81
Dronfield	4,456	20	4.48
Glossop (Boro')	20,100	585	29.11
Heage	4,231	30	7.09
Heanor	22,400	117	5.22
Ilkeston (Boro')	33,750	228	6.75
Long Eaton	22,400	122	5.44
Matlock	9,588	26	2.71
New Mills	8,764	73	8.33
North Darley	3,429	8	2.33
Ripley	13,940	26	1.86
South Darley	677	—	—
Swadlincote	21,700	85	3.91
Wirksworth	3,841	31	8.07
<i>Urban Districts</i>	320,400	2,981	9.30
RURAL.			
Ashbourne	10,450	76	7.27
Bakewell	18,270	85	4.65
Basford	1,618	12	7.41
Belper	24,130	323	13.39
Blackwell	45,980	198	4.30
Chapel-en-le-Frith	16,140	44	2.72
Chesterfield	81,050	291	3.59
Clowne	18,690	73	3.90
Glossop Dale	3,724	9	2.41
Hartshorne & Seals	8,814	31	3.51
Hayfield	4,312	33	7.63
Norton	4,509	23	5.03
Repton	17,010	105	6.17
Shardlow	34,080	311	9.12
Sudbury	2,523	4	1.58
<i>Rural Districts</i>	291,300	1,618	5.55
<i>Urban Districts</i>	320,400	2,981	9.30
WHOLE COUNTY	611,700	4,599	7.51

TABLE XX.—Specimens received from Medical Practitioners during 1925.

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
URBAN.										
Alfreton .. ..	..	4	4	10	7	32	3	2	14	48
Alvaston & Boulton ..	..	..	5	5	2	5	2	3	9	13
Ashbourne .. ..	..	..	1	6	2	14	4	..	7	20
Bakewell .. ..	..	..	..	11	1	7	..	3	1	21
Baslow .. ..	..	..	..	2	..	..	..	1	..	3
Belper .. ..	..	16	95	392	21	81	5	7	121	496
Bolsover	3	9	13	57	9	29	4	..	29	95
Bonsall .. ..	..	..	..	..	..	..	..	..	..	..
Brampton & Walton ..	..	..	..	5	5	8	..	5	5	18
Buxton (Boro') ..	..	1	2	28	7	17	81	93	90	139
Chesterfield (Boro') ..	3	17	14	106	33	79	63	113	113	315
Clay Cross .. ..	..	5	2	18	7	37	2	2	11	62
Dronfield	1	4	..	1	1	13	..	..	2	18
Glossop (Boro') ..	..	..	38	378	10	50	54	55	102	483
Heage .. ..	..	1	6	16	3	4	..	..	9	21
Heanor	2	4	4	6	11	29	35	26	52	65
Ilkeston (Boro') ..	..	..	2	33	15	40	99	39	116	112
Long Eaton .. ..	..	..	5	23	13	74	1	6	19	103
Matlock .. ..	..	3	1	6	4	6	3	3	8	18
New Mills	3	3	5	32	4	17	4	5	16	57
North Darley .. ..	..	..	..	3	2	1	..	2	2	6
Ripley .. ..	..	..	..	..	7	16	2	1	9	17
South Darley .. ..	..	..	..	..	..	..	..	..	..	..
Swadlineote .. ..	..	..	1	13	16	53	..	2	17	68
Wirksworth .. ..	..	3	..	9	1	10	4	4	5	26
<i>Urban Districts</i>	12	70	198	1160	181	622	366	372	757	2224
RURAL.										
Ashbourne	1	3	1	11	4	31	5	20	11	65
Bakewell .. ..	..	4	1	40	4	28	2	6	7	78
Basford	1	2	..	..	1	2	1	5	3	9
Belper .. ..	..	7	30	95	14	76	42	59	86	237
Blackwell	1	4	8	69	22	92	2	..	33	165
Chapel-en-le-Frith ..	..	3	1	12	4	12	2	10	7	37
Chesterfield	1	6	22	130	34	81	2	15	59	232
Clowne	2	..	2	18	9	41	..	1	13	60
Glossop Dale .. ..	..	..	..	3	1	..	..	5	1	8
Hartshorne & Seals ..	..	1	2	5	1	16	2	4	5	26
Hayfield .. ..	..	..	3	19	2	6	1	2	6	27
Norton	1	6	..	9	2	3	1	1	4	19
Repton	1	15	3	29	2	21	11	23	17	88
Shardlow .. ..	..	6	19	107	18	47	44	70	81	230
Sudbury .. ..	..	..	..	..	..	4	..	..	..	4
<i>Rural Districts</i> ..	8	57	92	547	118	460	115	221	333	1285
<i>Urban Districts</i> ..	12	70	198	1160	181	622	366	372	757	2224
<i>Whole County</i> ..	20	127	290	1707	299	1082	481	593	1090	3509

TABLE XXI.—Specimens received from Hospitals, 1925.

Hospital.	Enteric Fever.		Diphtheria.		Phthisis		Miscel- laneous.		Total.	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Belper .. ..	..	2	283	1341	..	..	..	11	283	1354
Buxton .. ..	..	..	..	3	..	..	..	..	..	3
North Derbyshire Royal Hospital..	..	..	..	..	..	..	..	..	..	..
Draycott .. ..	..	..	31	70	..	..	..	..	31	70
Dronfield	2	5	10	120	..	..	..	3	12	128
Etwall .. ..	..	..	13	95	..	..	..	..	13	95
Gamesley .. ..	..	..	13	194	..	..	..	1	13	195
High Peak .. ..	..	..	20	270	..	..	..	6	20	276
Ilkeston Sanatorium..	..	..	1	17	..	..	2	..	3	17
Langwith .. ..	..	8	33	171	..	..	..	..	33	179
Mastin Moor ..	..	..	20	224	..	..	..	6	20	230
Morton .. ..	..	..	28	235	..	..	..	..	28	235
Penmore	1	10	32	263	..	..	2	8	35	281
Totals	3	25	484	3003	..	..	4	35	491	3063

Venereal Diseases Specimens.

TABLE XXII.

The following Table shows the number of specimens sent in under the V.D. Scheme for Examination during the year 1925 :—

Blood for Wassermann reaction	...	...	...	1,808
Pus for Gonococci	...	...	...	287
Serum for Spirochaetes	...	...	...	8
Miscellaneous	...	...	...	4
Total	...	...	...	2,107

TABLE XXIII.

The following Table shows the number of Specimens received from the Dispensaries, Penmore Hospital Pavilion, and Walton Sanatorium during 1925 :—

Dispensary.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne	9	24	2	1	36
Burton-on-Trent ..	20	62	1	1	84
Chesterfield	97	165	1	1	264
Chinley	49	76	2	1	128
Derby	76	170	4	16	266
Glossop	33	56	..	2	91
Ilkeston	27	52	..	..	79
Long Eaton	28	57	3	..	88
Matlock	38	73	..	2	113
Penmore Pavilion ..	44	10	..	..	54
Derbyshire Sanatorium	3	1	11	12	27
Totals	424	746	24	36	1230

School Specimens.—The following is a list of the School Specimens received during the year 1925:—

			Pos.		Neg.
Swabs for Diphtheria	..	..	16	..	290
Hair for Ringworm	..	..	395	..	257
Miscellaneous	..	..	50	..	111
			461		658
Total	..	..	1,119		

Tubercle in Milk.

During the year 300 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 28 samples, or 9·3 per cent. were found to contain tubercle bacilli.

During 1925, 115 samples of milk were submitted for bacterial counts. Of this number 88 came within the limits of Grade A milk.

The following Table gives details of the examinations :—

TABLE XXIV.
LIMIT OF BACTERIAL CONTENT FOR GRADE A MILK.

	Up to 10,000.	Over 10,000 and up to 20,000.	Over 20,000 and up to 50,000.	Over 50,000 and up to 100,000.	Over 100,000 and up to 200,000.	Over 200,000 and up to 1,000,000.	Over 1,000,000.
No. of Tests (Total 115)	25	18	24	11	10	13	14
Highest Bacterial Count	10,000	20,000	50,000	88,000	186,000	896,000	7,136,000
Lowest Bacterial Count	1,000	11,000	21,000	51,000	109,000	208,000	1,056,000
Average Bacterial Count	5,440	14,330	31,750	63,636	149,100	504,615	2,246,714

DILUTION OF MILK IN WHICH BACILLUS COLI WAS FOUND :

(117 Milks examined.)

<i>Dilution.</i>	<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>	<i>Percentage with B. Col:</i>
0·1 c.c.	...	1	1	50
0·01 c.c.	...	26	82	24
0·001 c.c.	...	—	7	—

THE TUBERCULOSIS SCHEME.

As I pointed out in my last Annual Report, the County Council's Tuberculosis Scheme consists of two main units :—

1. The Dispensary unit.
2. The institutional unit.

The Dispensary unit is made up of 9 Dispensaries serving areas around them which together cover the whole geographical County

with the exception of the County Borough of Derby. Details as to situation and times of opening are given in Appendix I.

The Institutional Unit comprises three Institutions :—

1. Walton Sanatorium.
2. Penmore Pavilion.
3. Bretby Hall Orthopædic Hospital (opened April, 1926).

Walton Sanatorium, near Chesterfield, has accommodation for 50 females and 74 males suffering from pulmonary tuberculosis. Further accommodation is required for advanced cases of pulmonary tuberculosis in females, and the provision of another pavilion containing 20 beds for this type of case is receiving the consideration of the Tuberculosis Committee at the present time.

The Staff consists of a Medical Superintendent (Dr. A. N. Robertson), an Assistant Medical Officer (Dr. E. M. Burnett), a Matron (Miss E. M. Salmon), 22 Nurses, 16 Domestics, and 5 outside staff.

Penmore Pavilion.—By agreement with the Chesterfield Corporation, accommodation has been provided for 18 cases of advanced pulmonary tuberculosis in males. This pavilion is situated within the precincts of the Chesterfield Corporation's Isolation Hospital, and is staffed by their Officers.

Bretby Hall Orthopædic Hospital will be opened on April 14th, 1926, for the reception of 50 cases of bone and joint tuberculosis in children. This scheme for the in-patient treatment of non-pulmonary tuberculosis was inaugurated by the late Dr. Barwise about 1919, and the Bretby Hall Estate was purchased by the Council at a cost of £21,500. It comprises 459 acres of woodland park land and gardens, and 13 acres of lakes.

This Institution will meet a very great need in the County of Derby. It is situated in a most beautiful part of the County, and as will be seen from the above figures is about four-fifths the size of Hyde Park. It is hoped that this magnificent estate will be used eventually for the accommodation of cases of non-pulmonary tuberculosis in adults as well as children, for we are lamentably short of accommodation for the adult tubercular cripples in this County. There is also a lack of accommodation for children suffering from crippling of non-tubercular origin, and I have suggested to the Education Committee and the Maternity & Child Welfare Committee that they should consider the use of Bretby Hall for the treatment of cripples coming under their charge, which suggestion is being willingly and sympathetically considered. I would urge that much more be done for the employment of the cripple than is being done at present, and this remark I address particularly to large employers of labour and the large business offices. Generally speaking the attitude of public opinion towards the cripple in the past has been one of apathy. With few exceptions, no one has tried to understand the cripple problem and I think there is much to-day which can be taught to many of those who are interesting themselves in this problem.

The first thing to bear in mind is that a very large proportion of the cases of severe crippling which are present with us to-day could have been ameliorated if not entirely cured. With regard to the child cripple, there is one obvious goal to aim at, that is to get that child back into an ordinary school where it will mix with its normal fellows and learn to compete with them at the earliest possible date, as it will have to compete with them in after-life. That they can compete if given a fair chance can be demonstrated by anyone who has ever attempted to look after a cripple. The number of cripples whose defects should exclude them from an ordinary competitive life, provided they are properly looked after and properly trained, should be not more than 10 per cent. The usual training that is provided for the permanent cripple is not infrequently such that its chief effect is to impress upon him his incapability of competing with the normal person. I have had enough experience in this matter, much of it actually personal and with my own friends, to be able to say that one thing a cripple does not want is sympathy. He wants an ordinary decent chance, and he wants to be able to live as normal a life as possible. The nearness to which a cripple's life can approach that of normality is often of such a degree that there is little need for any special training. This applies to games as well as to work. It is necessary, when training a cripple, to think first of all in what profession or calling is there an opening; secondly, would the life which this calling offers be congenial to the cripple?; and thirdly, is it a job which he could easily undertake? The third question is, unfortunately, usually put first with the result that we have numerous cripples wasting their time and other peoples in making baskets and such-like, for which there is no special demand.

It is obvious, however, that if you are defective in one or more limbs, an occupation in which your defective limbs will not be particularly required is better than one where they would be required. If you do not use your limbs in an occupation, the other great alternative is to use your brain, but here again, the cripple is heavily handicapped for he has in all probability spent months or years in hospitals to the detriment of his education, and it is seldom that he can hope to compete successfully against his normal fellows for scholarships in the highest schools or Universities. One would like to see some allowance made in this respect for the cripple. A cripple is often backward by virtue of extraneous circumstances, but it does not follow that he is dull: in fact he is usually the opposite for, to quote the Prime Minister. "They have not worked out their minds before they come to tackle the problems of the world."

Public opinion is just becoming alive to the fact that a cripple can be a useful citizen, but the lack of appreciation of the capabilities of a cripple, if given the opportunities, is as marked amongst many of those who train cripples as amongst the public in general. The mania for putting a young crippled boy or girl into a home requires

suppressing. The herding of cripples into a home is degrading to them and tends to stimulate a variety of public sympathy which is objectionable to the cripple. The crippled boy should be as smartly dressed, and the crippled girl as daintily dressed as their normal fellows. There are few of us who have not experienced the refreshing and uplifting effects of being well dressed. It inspires self-confidence, and yet there is a marked tendency to deny cripples the right to be smart or dainty, to make them look repulsive and then to speak about them as being so.

Next comes the question of sports and pastimes for cripples. These should be as a general rule very similar to those of the normal individual. The subject is too large to enter into fully here, but it is well to remember that a defect such as the loss of a leg or arm is no bar to such sports or games as golf, tennis, swimming, motoring, cycling, to mention only a few, and there is no reason to debar a cripple from taking part in such games.

The need for higher education for cripples is as pressing in this connection as in connection with work. Why do we forget that a cripple is entitled to pleasures and pastimes? To my mind the chief object of higher education is not to fit one for work solely, but also to equip one with the means of enjoying life to the full, and for this reason it is most necessary that cripples should be so educated that they can appreciate such things as art, literature and music.

There is one more point which needs consideration—the attitude of the general public towards the employment of cripples. I beg of those to whose lot it falls to train cripples, to train them for employments where there is a demand for workers. Again the subject is too big to be dealt with here, but it must be pointed out that clerical work and private secretaryships can be done by cripples as well as by normal people: so can children's nursing and domestic service. The loss of a leg is no bar to domestic service in the case of a girl, but recently I was unsuccessful in finding one such girl trained as a domestic servant. It is a calling which should assure a decent livelihood to-day. There is a great demand for the service and the wages should be good. My enquiries were directed to some of the most noted organisations dealing with cripples, and replies were received from more than one to the effect that firstly, cripples could not undertake this kind of work—a statement which can be proved to be incorrect by the simple process of remembering that there are large numbers of women who have lost a leg, even at the hip joint who are married and keeping a home and a young family, doing the cooking, washing and shopping as effectively as their normal sisters. Secondly, it was suggested that their appearance would debar them from getting employment in most households.

Quite recently I visited two large and noted hospitals for cripples, and in neither did they employ a cripple on the staff. If such institutions do not employ cripples, and if Government and Local Authorities' Offices do not employ them, then the general public cannot be expected to do so, and all the talk of the work to be done for cripples is vain if we are to continue to allow them to drift

into the soul-destroying employments that have alone been open to them in the past. With regard to the second objection there is nothing repulsive in a person who has lost a limb, or the use of it; in fact, properly trained, normally dressed and brought up with a normal outlook on life such a person is not infrequently the opposite to repulsive. Finally, may I add that it is fortunate for this nation of sailors that 120 years ago it was not thought that the loss of a limb was sufficient reason for relegating a man to a cripples' home.

Outside Institutions.—As already stated, the County Council up to the end of 1925 had no institution for the treatment of non-pulmonary tuberculosis either in adults or children, and this type of case was sent by the Council to Institutions outside the County approved by the Ministry of Health for the treatment of surgical tuberculosis.

In addition to cases of surgical tuberculosis accommodation is sought in outside institutions for pulmonary cases where for some special reason it is decided that the case shall not be treated in the Council's own Sanatorium. During 1925, the County Council have undertaken financial responsibility for cases at the following Institutions :—

Lord Mayor Treloar's Home, Alton.
Shropshire Orthopædic Hospital, Oswestry.
Nayland Sanatorium,
Preston Hall, Aylesford.
Barrow Hill Colony, Frimley.
Brompton Hospital.
Papworth Colony, Cambridge.
Holt Sanatorium, Norfolk.
Loxley House Convalescent Home.
Manchester Royal Infirmary.
Home of Rest, Derby.
Wingfield Orthopædic Hospital, Oxford.
St. Gerard's Hospital, Coleshill.
King Edward VII. Hospital, Midhurst.

The following Table shows the number of such cases treated during 1925 :—

TABLE T.1.

Patients Treated in Outside Institutions.

Admissions and discharges of patients during the year 1925 :—

		<i>Males.</i>		<i>Females.</i>	<i>Total.</i>
		<i>Ex-Service</i>	<i>Others.</i>		
		<i>Men.</i>			
Patients in Institutions on					
January 1st, 1925	...	7	11	9	27
Admissions	...	3	5	5	13
Discharges	...	7	6	7	20
Patients remaining in Institutions on December					
31st, 1925	...	3	10	7	20

Conditions of patients on discharge :—

- 11 Improved.
 - 1 Transferred to the Derbyshire Sanatorium.
 - 1 Worse.
 - 2 Discharged at own request.
 - 1 Died.
- 4 Ex-service men discharged from Vocational Training made good progress in the work for which they were trained.

TABLE T. II.

RESIDENTIAL INSTITUTIONS.

(A) Average Number of Beds available for Patients during the Year 1925.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones & Joints.	Other Conditions.	
Adult Males ...	San. Beds	40	42	22		164
Adult Females ...	used as	40	—			
Children under 15 ...	required	20	—			
Total ...		100	42	22		164

TABLE T. III.

(B) Return showing the Extent of Residential Treatment during the year 1925.

		In Institutions. Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st, 1925.
Number of Patients.	Adults M.	71	204	187	21	67
	„ F.	44	109	118	2	33
	Children M.	25	47	46	—	26
	„ F.	14	42	35	—	21
Number of Observation Cases.	Adults M.	7	5	11	—	1
	„ F.	—	12	9	—	3
	Children M.	1	10	8	—	3
	„ F.	1	6	7	—	—
	Total ...	163	435	421	23	154

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925.

These Regulations, the object of which is to prevent a person suffering from tubercenlosis from being engaged in an occupation involving the handling of milk by him under such conditions as to create a danger of infection to the milk, are administered by the Local Sanitary Authorities. As far as I am aware, no action has been taken under them during the year 1925.

PUBLIC HEALTH ACT, 1925 (Section 62)

This Section gives power to a Court of Summary Jurisdiction, on the application of the County Council or the Local Authority, to remove to hospital persons suffering from pulmonary tuberculosis in an infectious state where, amongst other things, there is a serious risk that they will infect other persons. No action has been taken by the Council under this Section, but the power given by it has been brought to the notice of patients and their friends on one or two occasions, but up to the present it has not been necessary to make application to the Court for the removal of a patient.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS,
1924.

Under these Regulations the District Medical Officers of Health are required to forward to the County Medical Officer, summaries of the cases of tuberculosis remaining on their registers at the end of each Quarter. From these Quarterly summaries the following Table has been compiled showing the total number of cases of all forms of tuberculosis remaining on their registers on the 31st December, 1925 :—

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
3271	1350	1077	2427	458	386	844

Deaths from Tuberculosis.—During the year, the local Registrars notified to the County Medical Officer 361 deaths from tuberculosis. Of these, 204 were either not notified under the Public Health (Tuberculosis) Regulations 1912, or were only notified within three

months of death. The following Table shows the periods between the date of notification and the date of death :—

Cases not notified	...	...	...	...	...	83
Notified after death	...	...	...	...	...	32
Notified 1 week before death	...	...	...	...	...	20
2 weeks before death	....	...	...	...	...	12
3 weeks before death	...	...	...	...	...	8
4 weeks before death	...	...	...	...	...	8
1— 2 months before death	...	...	...	...	...	27
2— 3 " "	...	...	...	...	...	14
3— 4 " "	...	...	...	...	...	12
4— 5 " "	...	...	...	...	...	14
5— 6 " "	...	...	...	...	...	5
6— 7 " "	...	...	...	...	...	6
7— 8 " "	...	...	...	...	...	4
8— 9 " "	...	...	...	...	...	6
9—10 " "	...	...	...	...	...	5
10—11 " "	...	...	...	...	...	7
11—12 " "	...	...	...	...	...	5
Over 1 year	...	...	...	...	...	93
						<hr/> 361 <hr/>

The general working of the Tuberculosis Scheme has been amended so as to meet the requirements of Memorandum 37 T, issued by the Ministry of Health in September, 1925. Although it may be true that this Memorandum will result in much more clerical work, there is no doubt to my mind that by the arrangements suggested in the Memorandum, the objects intended will be achieved, namely a true ascertainment of the extent and value of the work done under the schemes of Local Authorities for the treatment of tuberculosis, and the production of a uniform presentation of facts and information elicited in the work of the various Tuberculosis schemes throughout the Country. At the earliest opportunity I recommended to the Tuberculosis Committee the alteration of the Council's scheme to meet the requirements of Memorandum 37 T, and even at this early date when we have hardly righted ourselves from the slight upset which must accrue after any such alteration, many advantages of the new scheme are becoming evident.

Under the amended scheme the work of the Tuberculosis Committee is carried out in the following manner :—

All new cases seen at, or in connection with the Dispensaries are entered into a register kept at the dispensaries, and a case sheet is opened for them whether they are definitely tuberculous or not, so that a permanent record is kept of the condition of the patient on his first attendance. In cases where it is ultimately decided that the patient is not suffering from tuberculosis a note to that effect is made in the Dispensary Register. Lists of notifications, deaths, etc., received at the Central Office are forwarded each week to the Health Visitors, who make enquiries as to home conditions,

and forward their findings to the Dispensary for the area in which the patient lives. All cases notified to the Central Office are reported to the Tuberculosis Officer for the area, so that he may at the earliest possible moment examine the patient either at his home or at the Tuberculosis Dispensary, unless a definite statement is received from the notifying doctor that the patient does not wish the Council's Tuberculosis Officer to visit.

A separate register is kept of all contacts of tuberculous patients, and every endeavour is made to get contacts to attend at the Dispensaries for examination, or to submit to examination at their own homes. Where a contact will not submit to examination he is advised to attend at the Dispensary should suspicious symptoms occur. Contacts who are of school age are reported to the Assistant School Medical Officer for the area, who keeps a list of them and makes a special effort to examine them when he attends the school in which the child is being educated.

The services of the Tuberculosis Officers are available to practitioners who require an opinion on a case whether the case is sent to the Dispensary by the practitioner or whether the practitioner desires that the Tuberculosis Officer should meet him in consultation at the patient's home.

The work of the Tuberculosis Officer is of a "specialist" nature and for this reason it is desirable that the Tuberculosis Officers should devote their whole time to tuberculosis work. Moreover, I believe that the medical practitioner will seek the advice of an Officer whose whole life is spent in the study of tuberculosis rather than that of one whose tuberculosis work is only a small part of his general duties, and who therefore cannot be designated a "specialist."

The names of patients found on examination at or in connection with the Dispensary to require institutional treatment are forwarded to the Central Office where arrangements are made for their admission to appropriate institutions.

Insured patients recommended for domiciliary treatment are referred to their own panel doctors, and treatment at the Dispensary is limited to those patients who require some special treatment and who are unable to obtain it from their own doctors.

The requirements of Memorandum 286 of the Ministry of Health have been adopted, and model forms prescribed in that Memorandum have been brought into general use throughout the area.

In the case of patients who remove to areas outside the County, the medical history and particulars regarding the patient are forwarded to the Central Office, whence they are sent to the Medical Officer of the area to which the patient has gone to reside.

As far as possible all cases undergoing Dispensary treatment are seen at least once every three months, but where a patient is receiving domiciliary treatment or is under supervision, it is usually only necessary for the Tuberculosis Officer to see him personally once

during the year. The Council's Tuberculosis Scheme also provides the following services :—

Dental arrangements.—Up to the present no arrangements have been made for the provision of dental treatment for tuberculous patients attending dispensaries, but the Education Committee have agreed to the use of one of the School Dentists to visit the Bretby Hall Orthopædic Hospital when necessary, while at Walton Sanatorium a local practicing dentist visits once a week.

Domiciliary Visiting.—73 ex-service men and 322 other cases were visited in their homes by the Tuberculosis Officers, and 106 consultations took place with Medical Practitioners. 115 contacts were examined at home, amongst whom 33 suspected cases were found. Details of these visits are given in Table T. VIII.

During the year the Health Visitors paid 11,508 visits to the homes of tuberculous patients, 1,366 of which were to tuberculous ex-service men.

Sanitary defects in the homes of patients, which are discovered in the course of visits by the Tuberculosis Officers or Health Visitors, are reported to the Central Office where arrangements are made with the Local Sanitary Authorities for the defects to be remedied.

Nursing of Bed-ridden Cases.—By arrangements with the Derbyshire County Nursing Association, and on the recommendation of the County Council's Tuberculosis Officers, 16 advanced and bed-ridden cases of tuberculosis were visited and nursed in their own homes.

Extra Nourishment.—Grants of extra nourishment have only been made to those patients who are likely to benefit materially thereby, and with few exceptions it has been limited to patients who had received a course of sanatorium treatment and whose medical condition was such that with the extra nourishment granted they might reasonably be expected to maintain or recover their full working capacity, and to patients in whose cases ultimate arrest of the disease was reasonably to be anticipated and who are waiting for admission to Sanatorium. The milk is granted for a strictly limited period to such cases, and then only if their financial circumstances fall within the scale of income adopted by the County Council. During the year milk was granted to 127 patients at a cost of £462.

After-Care.—There are six After-Care Committees at work in the County, viz., Chesterfield Borough, Glossop Borough, Ilkeston Borough, Long Eaton, Heanor and Ripley. These Committees give assistance to necessitous cases. They have raised money locally whereby they supply extra nourishment and in other ways render assistance to cases of tuberculosis. They also administer, on behalf of the County Council, the scheme for the provision of extra nourishment in their own areas. The

After-Care Committee at Glossop was established during the year and the Tuberculosis Officer for the area reports as follows :—

“ The local representatives of the Approved Societies, the British Red Cross Society, the Mayor and Corporation, and the local medical men take an active part in the work of the Committee, and a very encouraging response has been made to an appeal for funds to carry on the work. It is to be regretted, however, that so far, the local employers of industrial labour have taken little interest in the matter.”

Shelters.—We continue to lend shelters to suitable Tuberculous persons. During the year 1925, two old shelters which were beyond repair were sold, and two were damaged beyond repair during the rough weather, leaving 167 shelters for use under the Council's scheme.

At the end of 1925, 124 shelters were being used by tuberculous cases. On inspection 107 were found to be in a satisfactory condition. Instructions were given for the necessary repairs to be done to the unsatisfactory shelters. 21 other shelters supplied to tuberculous persons were not being used, and there were 22 in store. Some of the shelters in store are in a poor condition, and it is very doubtful if they could be put in a satisfactory state of repair. These will be disposed of as occasion arises.

During the year 69 persons have been supplied with beds and bedding, and in 4 cases windows have been removed and screens fixed in their places.

X-Ray Examinations.—1,439 patients were X-rayed during the year in connection with the Tuberculosis Scheme as shewn in the Table below.

Ashbourne Dispensary	...	9
Burton	..	79
Chesterfield	..	254
Chinley	..	21
Derby	..	463
Glossop	..	2
Ilkeston	..	15
Long Eaton	..	76
Matlock	..	33
		<hr/>
		952
Walton Sanatorium	...	487
		<hr/>
		1,439
		<hr/>

There are 5 sets of X-ray apparatus, two at Derby and one each at Chesterfield Clinic, Walton Sanatorium and Bretby Hall. The apparatus at Bretby Hall is modern, but the other 4 are 10 to 20 years old. With various additions, however, such as the Coolidge tube at Walton, they have been kept in good condition and useful and efficient work is done.

At the Sanatorium and Dispensaries is a collection of several thousands of X-ray films, many of an interesting and instructive character, which is used by the Staff for demonstration and lantern lectures.

The X-Ray work done shows an increase on the previous year and has been much appreciated by many General Practitioners ; giving them an increased interest in the Tuberculosis work and assisting especially in earlier diagnosis and notification. For the patient's own Doctor to be able, through the Tuberculosis Officer, to get a radiograph taken in suspicious cases, helps that co-operation between the two which is essential to the smooth working of the scheme.

BACTERIOLOGICAL WORK.

Examination of Sputa.—The following Table shows the number of examinations of sputa for tubercle bacilli made in the County Laboratory during the year :—

TABLE T. V.

		<i>Pos.</i>	<i>Neg.</i>	<i>Total</i>
From Private Practitioners	...	299	1082	1381
From Dispensaries and Sanatoria		424	746	1170
From Hospitals	... ..	—	—	—
Total	... ..	723	1828	2551

TABLE T. VI.

Specimens of sputum examined by the Ellerman and Erlandsen method during the year ending December 31st, 1925.

Under 5.		5—10		10—15		15—20		*20 & over		Totals.	
<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
3	12	59	125	57	140	64	120	245	486	428	883

*Of these, 60 were found to be negative when examined by the direct method, but upon examination by the Ellerman & Erlandsen method 22 or 36·6 per cent. were found to be positive.

Ministry of Pensions.—The work done for the Ministry of Pensions during the year 1925, was as follows :—

<i>Certificates.</i>	<i>Number completed.</i>
M.P.M.S.D. 81	... 442
M.P.M.S.D. 31	... 2
M.P.A. 36 T.O.	... 66
Total	... 510

TABLE T. VII.

REPORT ON WORK DONE AT TUBERCULOSIS DISPENSARIES during the Year 1925.

DISPENSARIES.	ASH- BOURNE.	BURTON.	CHESTER- FIELD.	CHINLEY.	DERBY.	GLOSSOP.	ILKESTON	LONG EATON.	MATLOCK.	WHOLE COUNTY.
A. NEW CASES— (Total) ...	16	66	567	80	213	58	109	55	76	1240
(a) Definitely Tuberculous										
i. Pulmonary	9	26	214	39	74	22	41	14	21	460
ii. Non-Pulmonary	1	2	58	13	5	9	8	4	8	108
(b) Doubtfully Tuberculous ... ..	...	24	61	3	67	1	30	6	2	194
(c) Non-Tuberculous	6	14	234	25	67	26	30	31	45	478
B. CONTACTS— (Total) ...	5	9	60	13	87	6	36	16	31	263
(a) Definitely Tuberculous :										
i. Pulmonary	1	...	11	2	7	1	1	1	2	26
ii. Non-Pulmonary	1	...	...	2	...	...	1	...	7	11
(b) Doubtfully Tuberculous ... ..	...	4	3	...	16	1	19	2	...	45
(c) Non-Tuberculous	3	5	46	9	64	4	15	13	22	181
C. CASES WRITTEN OFF DISPENSARY REGISTER. (Total) ...	9	24	354	216	114	12	235	44	49	1057
(a) Cured.										
i. Pulmonary ... ..	...	...	25	59	...	3	94	...	20	201
ii. Non-Pulmonary ... ..	...	...	...	46	...	3	21	...	26	90
(b) Diagnosis not confirmed or Non-Tuberculous	9	24	329	111	114	6	120	44	9	766
D. NUMBER ON REGISTERS ON DECEMBER 31st, 1925 (Total) ...	72	117	671	219	489	150	254	93	234	2299
(a) Diagnosis completed.										
i. Pulmonary	66	73	587	188	369	108	193	65	178	1827
ii. Non-Pulmonary	6	12	74	28	27	40	47	20	54	308
(b) Diagnosis not completed ... ..	...	32	10	3	93	2	14	8	2	164
1. Number on Register Jan. 1st, 1925	62	75	442	376	444	108	362	69	203	2141
2. No. of transferred and "lost-sight-of" Cases returned ... ..	...	...	...	4	...	...	2	2	...	8
3. No. transferred, and lost sight of ... ..	...	...	...	10	128	1	4	2	11	156
4. No. died during year	2	9	44	28	13	9	16	3	16	140
5. Cases under observation for more than 2 months ... ..	...	24	10	3	83	...	29	6	3	158
6. Total Attendances	148	332	2876	681	1251	568	945	563	774	8138
7. Attendances at Orthopaedic Clinics	...	...	...	...	...	...	...	...	...	319
8. Consultations with Medical Prac- titioners :—										
(a) At homes	2	2	52	20	5	7	2	2	14	106
(b) Otherwise ... ..	...	59	500	62	139	...	76	22	...	858
9. Other visits by T.O.'s to Patients' Homes.	4	7	97	47	128	30	7	35	40	395
10. Number of :—										
(a) Sputum Examinations	33	82	262	125	246	89	79	85	111	1112
(b) X-ray Examinations	9	79	254	21	463	2	15	76	33	952
11. Insured Persons on Register on Dec. 31st, 1925	32	60	378	72	163	59	116	56	159	1095
12. Insured Persons under Domiciliary Treatment Dec. 31st, 1925	10	15	308	22	33	23	78	13	21	523
13. Reports received in respect of Insured Persons :—										
(a) Form G.P. 17 ... ..	...	...	15	...	...	...	...	...	...	15
(b) Form G.P. 36	12	17	3	25	6	46	...	8	31	148

TABLE T VIII.—HOME VISITS OF TUBERCULOSIS OFFICERS.

TUBERCULOSIS OFFICER.	DR. MACEWEN.				DR. NICHOLSON.		DR. HEFFERNAN.				WHOLE COUNTY.
	BURTON.	DERBY.	LONG EATON.	CHESTER-FIELD.	ILKESTON.	ASH-BOURNE.	CHINLEY.	GLOSSOP.	MATLOCK.		
DISPENSARIES.											
Estimated Population 1925	34800	99265	29670	265250	64460	14780	45370	25355	32750	611700	
Notifications, 1925—											
Pulmonary	41	125	26	297	71	9	71	41	31	712	
Non-Pulmonary	14	28	5	96	28	8	26	14	14	233	
Total	55	153	31	393	99	17	97	55	45	945	
PATIENTS VISITED IN THEIR HOMES BY TUBERCULOSIS OFFICERS:—											
Ex-Service Men	1	15	10	21	1	1	9	4	11	73	
Other Patients	6	113	25	76	6	3	38	26	29	322	
Total	7	128	35	97	7	4	47	30	40	395	
Consultations with Medical Practitioners	2	5	2	52	2	2	20	7	14	106	
Contacts examined	1	39	2	23	...	...	31	6	13	115
Suspicious Cases found	...	18	...	1	...	...	10	2	2	33

TABLE T. IX.

Penmore Pavilion for Advanced Males—

Admissions and Discharges of patients during the year 1925—

				<i>Ex-service</i>		
				<i>Men.</i>	<i>Others.</i>	<i>Total.</i>
Patients in the Institution on						
January 1st, 1925	...	...	...	1	13	14
Admissions	...	...	...	13	25	38
Discharges	...	...	...	11	28	39
Patients remaining in the Institution on December 31st, 1925				3	10	13
Condition of patients on discharge :—						
Improved	...	...	...	...	8	
Stationary	...	...	...	...	12	
Worse	...	...	...	...	4	
Died	...	...	...	...	15	

The Treatment of Contacts not definitely Tuberculosis.

In his report Dr. Heffernan, one of the Council's Tuberculosis Officers, makes some interesting observations. He agrees with me that from the administrative point of view, the provisions of Memorandum 37 T. are excellent, but he raises the question of the treatment of contacts, stating :—

The part of the Memorandum dealing with contacts seems to me to call for further elucidation. We are told that all contacts seen should, within two months, be either definitely diagnosed as suffering from tuberculosis, and notified as such, or should be regarded as non-tuberculous and taken off the books. It is not clear whether it is permissible to treat contacts at the tuberculosis dispensaries by "anticipatory de-tuberculisatation" as outlined by Philip and Calmette, without notifying them as suffering from tuberculosis. Yet there is little doubt that such preventative measures will come into general use in the future.

As regards the question of the infection of contacts, the following conclusions are now generally accepted :—

(1) In a working-class home, in which an advanced case of open tuberculosis has resided for a considerable time, or gone on to a fatal termination, all the inhabitants are invariably infected with tuberculosis. In technical language they are all "allergic."

(2) The future of each infected person depends upon three factors :—

- (a) The age at which the primary infection occurs,
- (b) The massiveness of the dose, and
- (c) The individual resistance.

With reference to (a) we may divide the life of the individual roughly into the following periods :—

- (i.) Under two and a half years,
- (ii.) From $2\frac{1}{2}$ to 6 years.
- (iii.) Six years to puberty
- (iv.) After puberty.

Period (i.) Infection in this period is deadly. The majority of those infected die of meningitis, generalised tuberculosis, acute pneumonic, or broncho-pneumonic phthisis, tabes mesenterica, and marasmus, or survive to succumb in early life.

Period (ii.) Other things being equal, primary infection is much less virulent in this period, and is inclined to develop into "surgical" tuberculosis of bones, joints, lymph glands and peritoneum.

Period (iii.) If there be such a thing as a "natural" as apart from an "acquired" resistance to tuberculosis, this is the age period at which that resistance is at its maximum.

If exposure to tuberculosis infection must occur, or if it is indeed desirable, as many maintain, that an allergic or tuberculised condition should be brought about before the individual takes the inevitable risks of adult life, this is the period when primary infection is least dangerous.

Period (iv.) It is generally supposed that a drop in resistance occurs after puberty, followed by a progressive increase until the declension of old age. This increase is generally regarded as an acquired immunity. It is certain that non-tuberculised adults when exposed to infection, contract the disease much more readily, and in a much more virulent form, than the allergic or tuberculised.

With reference to (b) massiveness of infecting dose, the importance of this needs no elaboration. The home visiting of cases has its chief object the prevention of massive infection of contacts.

From the foregoing it is obvious that the contacts needing protection most are the infants, and children under six years of age. If we could prevent infection before the age of five or six, and control it up to puberty, the wastage of life from tubercle would be enormously reduced.

Prevention and Treatment of Tuberculosis.

Regarding recent work on tuberculosis and possible future developments, the following extracts from Dr. Heffernan's report are of interest :—

" Considerable progress has been made during the year, both in prevention and in treatment. The most striking preventative work has been that of the Grancher Foundation in Paris, in the ante and post-natal prophylaxis of tuberculosis amongst the children of tuberculous parents, and especially of tuberculous mothers. This work involves the removal of the child as soon after birth as possible from the mother. With special precautions, suckling is sometimes permitted. The child, if healthy and considered non-infected, is boarded out with a healthy family in the country : if infected, it receives suitable treatment.

Next may be mentioned the anticipatory de-tuberculisatation of children who are already infected but are not actively diseased, as elaborated, amongst others, by Sir Robert Philip in this country, and Professor Calmette in France, and the rapid increase in the use of carbon and tungsten arc lamps to provide artificial sunlight and ultra-violet radiation for pre-tuberculous, delicate and rickety children.

As regards treatment, the specific 'Sanocrysin' is at present being subjected to trial under the supervision of the Medical Research Council. A further attempt is being made, from private sources, to provide Mr. Spahlinger with means to enable him to produce further supplies of his sera and vaccines. Perhaps the most noteworthy advance in treatment, however, has been the success of radical surgical measures in advanced pulmonary tuberculosis and kindred conditions. Thanks almost entirely to Mr. Morriston Davies, such operative measures as phrenic avulsion, thoracoplasty, apicolysis, etc., are now taking their due place in the treatment of pulmonary tuberculosis in this country. These measures are complementary to, and sometimes substitutes for, the induction and maintenance of artificial pneumothorax. By means of these methods, cases that would have been looked upon as hopeless a few years ago, may now be saved for many years of useful and comfortable life.

It is hardly necessary again to point out the lack of hospital accommodation for the treatment of such cases of advanced disease in this country. One may, perhaps, express the hope that if the Union Infirmaries ever become available, certain of them may be set apart for this class of case and the services of a specialist in thoracic surgery made available.

WORKMEN'S COMPENSATION (SILOCOSIS) ACT, 1918 and 1924.

Refractories Industries (Silicosis) Scheme, 1919 & 1925. Under this scheme the Tuberculosis Officers medically examined each year all workers in the Refractories Industries, but during the year 1925 the Home Office issued a revised scheme under which a Medical Board was appointed to undertake the examination of all workers, thus relieving the Tuberculosis Officers of this duty. However, all workers newly engaged in the Refractories Industries are required to be medically examined before the end of the first month of their employment, and the Home Office have asked that the Tuberculosis Officers should undertake these examinations.

During the year six of these workers were examined by the Tuberculosis Officers.

Commenting on the altered arrangements under the Workmen's Compensation (Silicosis) Scheme, Dr. Heffernan writes :—

“ As a result of a Departmental Inquiry, in 1924, into the working of the Workmen's Compensation (Silicosis) scheme of

1919, the scheme was remodelled, and the examination of the workmen concerned all over England was taken out of the hands of the Tuberculosis Officers and handed over to two whole-time medical officials specially appointed by the Home Office for that purpose. An alternative proposal, viz., that the workmen should be examined by a medical board consisting of the local Tuberculosis Officer and a Medical Officer from the Home Office, was proposed by the representative of the Ministry of Health on the Departmental Committee, but was rejected.

The wisdom of this decision is, to say the least, doubtful. As far as the County of Derbyshire is concerned the net result is that the cost of administering the Silicosis scheme is increased, and the emoluments of your Tuberculosis Officers are diminished while work directly bearing on tuberculosis is removed from the purview of the Tuberculosis Officers. The only advantage, if advantage it is, of the new method is that the work is now centralised and therefore standardised, by being completely in the hands of the two Home Office Officials. It is entirely outside the purview of the Ministry of Health."

DERBYSHIRE SANATORIUM, ANNUAL REPORT, 1925.

BY

A. NIVEN ROBERTSON, M.D., M.R.C.P., D.P.H.

Statistics.

383 patients were admitted.

385 patients were discharged.

Average number of beds occupied—124.

Average length of stay of the patients—123 days.

Average weight gained by the patients—8lbs. 15ozs.

MINISTRY OF HEALTH CLASSIFICATION.

TABLE D.S. 1.

PULMONARY.				M.	F.	C.
1. CLASS T.B. MINUS	...	...	...	69	44	56
2. CLASS T.B. PLUS	...	...	...
Group I.	...	...	...	15	12	13
Group II.	...	...	...	58	33	2
Group III.	...	...	...	20	23	1
3. NON-PULMONARY						
Glands of Neck	...	...	...	...	5	5
Peripheral Glands	...	...	...	5	...	4
Peritonitis	...	...	...	...	...	1
Episcleritis	...	...	...	...	1	...
Lupus	...	...	...	3	...	3
Bone and Joint	...	...	...	1	...	...
4. NON-TUBERCULOUS	...	...	...	...	5	4
Total	...	...	...	171	123	89
Total				...	393	

SOCIETY OF MEDICAL SUPERINTENDENTS
CLASSIFICATION.

TABLE D.S. II.

		Without T.B. in Sputum.			With T.B. in Sputum.			Grade of Hilus Cases.		
		M.	F.	C.	M.	F.	C.	A.	B.	C.
STAGE I.										
Grade	A.	41	18	2	14	12	3			
"	B.	1	3	0	1	1	1			
"	C.	2	0	0	1	1	0			
STAGE II.										
Grade	A.	12	6	2	12	7	0			
"	B.	0	1	1	3	2	0			
"	C.	0	1	0	1	2	0			
STAGE III.										
Grade	A.	8	5	1	29	5	0			
"	B.	1	0	0	11	15	0			
"	C.	1	0	1	20	23	1			
Total		66	34	7	92	68	5	68	6	0

"There were 43 hopeless IIIc. cases admitted. These correspond to Group 3 of Ministry's Classification, described by that classification as having little or no prospect of recovery. The Ministry's classification gives the impression of fewer bad cases being admitted to Sanatoria than when classified by the Supt.'s classification. Personally, for Sanatorium work, I prefer the Classification of the Society of Supts., and I therefore have submitted this classification also.

Treatment.—The treatment of the patients was carried out on the same general lines as in previous years. Last year brought no outstanding alteration in the method of our treatment of Pulmonary Tuberculosis.

Much of the success of the treatment of this disease depends on what one might call Auto-therapy. The patient must to a certain extent cure himself. There is an old saying that a "a fool never gets better of consumption," and that saying is as true to-day as when it was written. Given two cases very similar to one another in physical signs and symptoms, the success of the treatment will depend on the patient's character. The patient who enters the Sanatorium grudgingly, who is disconnected all the time he is in, or the patient who enters the Sanatorium for the purpose of having a rest or a good time, makes little progress. The patient who enters the Sanatorium with a fixed determination to get better if possible, to carry out the rules conscientiously, to learn new habits, to be cheerful without being careless, and to continue the lines of his treatment on his return home often gets the reward of his will power and pluck.

I would urge those doctors who recommend patients to come here not to tell them airily "Oh you'll be alright after 2—3 months' rest and holiday at Walton," but to say to them "Now you've 3 months out of your whole life to do one of the hardest jobs a man can do, that is, to get the better of this disease, a dangerous disease. You have 3 months in which to change the habits of a lifetime."

Doctors ought to study the character and psychology of their patients as well as their chests before recommending them for admission to a Sanatorium.

I deprecate the tendency at present in Sanatorium treatment to make it as like ordinary life as possible. I think cinemas, wireless for the patients, concerts, play-acting, etc., can be overdone. It may be an open-air cinema, but I would not have any form of cinema in a sanatorium. There should be a revolution in the patient's attitude towards things, and a change in his routine method of living. My advice to patients is to avoid all closed-in places, cinemas, churches, concert halls, etc., for at least 2 years after leaving the Sanatorium. He must cultivate the quiet life of the open air. If he finds in a sanatorium all the things he ordinarily desires at home, sanatorium environment has not the same influence in him and he is discharged with his outlook and habits unaltered. It is unreasonable for a patient with severe disease to expect recovery from it to be a "primrose path."

There is a tendency also to lessen the rigours of sanatorium treatment, warm the air of the cubicles and generally soften the treatment. This is quite right for advanced cases but these should not be in a Sanatorium. The metabolism of the patient who is able to get about is best in the cold air of the outside atmosphere, and hæmoptysis is less, the greater the exposure to the winds.

I think the hard disciplinary treatment of the days of 20 years ago when more Sanatoria were run on severe Nordrach lines produced more lasting benefit than the present methods when both discipline, mode of life, and climate have a tendency to be mitigated.

My experience in a certain county confirmed these impressions. I had to visit every patient who had had Sanatorium treatment. I found those who were patients under the old regime when discipline was hard, still carrying out every detail of their treatment to the letter, but those who had been in Sanatoria more recently were not so careful."

Special Methods of Treatment.

TABLE D.S. III.

ULTRA-VIOLET LIGHT DEPARTMENT.

COMPLETED TREATMENT.

A.—Males.

1.	Tuberculous Glands.	Neck	...	...	M.I.
2.	"	"	"	...	M.I.
3.	"	"	"	...	M.I.
4.	"	"	"	...	I.
5.	"	"	"	...	I.
6.	"	"	"	...	I.
7.	"	"	"	...	I.
8.	Multiple tuberculous glands			...	M.I.
9.	Lupus of face	...	...	...	I.
10.	"	"	...	...	I.
11.	"	"	...	...	I.
12.	Tuberculous rib	...	...	...	I.
13.	Tuberculous ulcer	...	...	...	Cured
14.	Keloid ulcer	...	...	...	Cured
15.	Tuberculous glands and sinuses in neck			...	I.
16.	Tuberculous epididymitis	...	...	...	I.
17.	"	"	...	...	I.
18.	"	tibia	...	...	Cured
19.	Specific disease	nose	...	...	I.S.Q.

STILL UNDER TREATMENT AT END OF YEAR.

20.	Lupus face	...	...	...	Cured
21.	Tuberculous Glands.	Neck	...	...	Cured
22.	T.B. metacarpus	...	...	...	I.
23.	Keloid	...	...	...	I.
24.	T.B. metatarsus	...	...	...	I.
25.	Collapse Lung	...	...	...	M.I.
26.	T.B. Knee	...	...	...	I.
27.	T.B. Wrist	...	...	...	M.I.

COMPLETED TREATMENT.

B.—*Females.*

28.	Tuberculous glands.	Neck	...	...	Cured
29.	"	"	"	...	Cured
30.	"	"	"	...	Cured
31.	"	"	"	...	Cured
32.	"	"	"	...	M.I.
33.	"	"	"	...	I.
34.	"	"	"	...	I.
35.	"	"	"	...	I.
36.	"	"	"	...	I.S.Q.
37.	"	"	"	...	I.S.Q.
38.	"	"	"	...	Worse
39.	Callous ulcer	...	...	...	Cured
40.	Septic glands, neck	...	...	...	M.I.
41.	Osteo-arthritis	...	...	...	M.I.
42.	T.B. Laryngitis	...	...	...	Died
43.	Psoriasis	...	...	...	M.I.
44.	Hilus, T.B.	...	...	...	M.I.
45.	"	"	...	...	M.I.
46.	"	"	...	...	M.I.
47.	Tuberculous glands, neck	...	...	...	I.S.Q.
48.	"	"	"	...	Cured
49.	Lupus palate	...	...	...	Cured
50.	" arms	...	...	...	M.I.
51.	T.B. glands, neck	...	...	...	I.S.Q.
52.	T.B.	"	"	...	Worse.

STILL UNDER TREATMENT AT END OF YEAR.

53.	Lupus face	...	...	...	...	M.I.
54.	„ „	...	...	...	...	M.I.
55.	Tuberculous glands.	Neck	...	...	...	I.
56.	T.B. glands, neck	...	...	...	...	I.

M.I.—Much improved. I.—Improved. I.S.Q.—Stationary.

General Results.—56 Patients were under treatment by Artificial Sunlight, and of these, 12 were out-patients. Of the 56 cases treated 12 were cured, 16 were much improved, 20 were improved, 5 were stationary, 2 were worse, and 1 died of advanced Pul. Tub. and T.B. Laryngitis.

Artificial Pneumothorax.—6 new cases were commenced on this treatment and 9 old cases continued. 81 operations for refills were performed in the year and 6 gas replacements for fluid. Some could not be continued because of adhesions.

General Results of Treatment (Ministry's Classification).

Quiescent	...	...	...	139
Improved	...	...	...	181
No Material Improvement				56

RESULTS OF TREATMENT (Table III. Memo. 37/T Ministry of Health).
DURATION OF RESIDENTIAL TREATMENT. Table D.S. IV.

Class on Admission.	Condition at time of Discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total.
		M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.	
Class T.B. Minus	Quiescent ...	...	6	2	...	...	1	1	...	...	...	...	...	10
	Improved ...	32	14	16	27	13	27	...	1	6	...	...	...	136
	No material improvement	7	7	2	3	3	1	...	...	...	...	...	...	23
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. + Group I.	Quiescent ...	...	1	1	...	...	...	...	...	...	...	...	...	2
	Improved ...	10	5	8	5	3	4	...	2	...	...	...	1	38
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. + Group II.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ...	22	7	...	23	11	1	2	4	1	1	...	...	72
	No material improvement	...	3	...	7	3	...	2	5	...	1	...	...	21
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. + Group III.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ...	2	1	...	1	5	...	1	2	...	1	...	...	13
	No material improvement	5	3	...	4	6	...	1	2	...	...	4	...	25
	Died in Institution ...	3	...	...	3	...	...	...	...	...	...	...	...	6
Bones and Joints.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	No material improvement	1	...	...	...	...	...	...	...	...	...	...	...	1
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal.	Quiescent ...	...	...	...	...	...	1	...	...	...	...	...	...	1
	Improved ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Organs	Quiescent ...	...	...	...	...	...	...	1	...	1	1	...	...	3
	Improved ...	...	1	...	...	...	1	...	...	1	...	...	...	3
	No material improvement	...	...	...	1	...	...	...	...	...	...	...	...	1
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent ...	...	...	...	...	...	2	...	...	...	...	...	...	2
	Improved ...	...	1	...	3	2	3	2	1	1	...	...	...	13
	No material improvement	...	...	1	...	1	...	...	...	2	...	...	...	4
	Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Observation. For purposes of diagnosis.	Tuberculous ...	All over						9	4	8	...	...	...	21
	Non-T.B. ...	4 weeks.						...	5	4	...	...	...	9
	Doubtful ...							1	2	1	...	...	...	4

Laboratory Work.—995 Sputums were examined during the year. Of these 462 were positive and 533 were negative.

466 Urines were examined.

33 Arneth Blood Counts, 33 Spengler's Precipitation Tests, and 7 Blood Sedimentation Tests were done.

Meteorological Observations.—Highest wind registered was 31·10 miles per hour on Jan. 2nd. January had the highest average wind.

Highest Dry Kata Reading. 49 on Jan. 2nd.

Highest Wet Kata Reading. 98 on Jan. 2nd.

Lowest Dry Kata Reading. 4 on Jan. 10th and 11th, July 15th, 22nd and 23rd.

Lowest Wet Reading. 19 on August 17th.

Highest Outdoor Temperature. 87°F. on July 22nd, 84°F. on July 25th.

Lowest Outdoor Temperature. 18·5°F. on Nov. 20th, 19°F on Dec. 25th.

Highest Black Fur Temperature. 147·2° F. on July 22nd, 144·6° on July 25th.

Largest Daily Rainfall. ·99 inches on Sept. 19th.

Largest amount of Ultra-violet Light. 85·5 June.

Lowest „ 12 Dec.

TABLE D.S. V.

METEOROLOGICAL TABLES, 1924-1925.

Dry Kata. 1924. 1925.		Wet Kata. 1924. 1925.		Difference between W.K.&D.K. 1924. 1925.		Rain in inches. 1924. 1925.		Relative Humidity. 1924. 1925.		Wind Mls. per hr. 1924. 1925.		Baromet. Press. 1924. 1925.		Temp. Fahr. 1924. 1925.		Radiant Heat. 1924. 1925.		Patients gain in weight in ozs. 1924. 1925.		
1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.	
Jan. ...	27	25	54	56	27	31	2.09	3.15	83%	81%	5.37	8.45	29.51	29.43	40	42	—	44.3	26	28.6
Feb. ...	29	27	59	56	30	29	.75	3.97	84%	75%	7.36	7.87	30.23	28.94	40	44	—	52.4	32.5	43.9
Mar. ...	25	25	63	53	38	28	.93	.97	62%	72%	6.65	6.12	29.47	29.62	46	43	—	55.7	29	35.8
April ...	24	23	53	51	29	28	2.26	2.68	64%	63%	7.34	6.27	29.47	29.29	50	49.7	66	66.4	38.3	24.5
May ...	20	20	46	46	26	26	3.71	3.72	68%	63%	7.29	6.61	29.42	29.25	58	58.7	78.8	88.9	17.3	36.8
June ...	17	17	42	37	25	20	2.32	.18	60%	57%	7.09	4.28	29.53	29.62	64	65	92.9	98.0	18.2	18.7
July ...	16	14	43	57	27	43	4.28	1.15	59%	57%	7.9	5.87	29.36	29.39	67	70	89.1	101.5	42.2	19.7
Aug. ...	18	16	42	38	24	22	2.73	2.16	67%	64%	7.36	5.69	29.36	29.45	64	65	76.7	88.6	47.5	56.1
Sept. ...	20	20	45	43	25	23	2.21	3.07	75%	68%	7.91	5.92	29.29	29.41	60	55.9	69	68.9	45.5	49.2
Oct. ...	19	21	41	43	22	22	4.71	3.43	82%	75%	5.13	6.65	29.41	29.38	53	54	57.9	59.7	29.6	49.2
Nov. ...	22	23	47	45	25	22	1.80	1.97	61%	79%	4.97	3.97	29.48	29.4	46	42	46.8	44.5	23.3	17.7
Dec. ...	26	32	50	56	24	24	3.18	2.56	82%	83%	6.43	6.63	29.35	29.15	45	38	45.4	39.1	39.5	42.9

DERBYSHIRE SANATORIUM.

Comparative Statement of Cost.

TABLE D.S. VI.

Year ending March 31st,

	1923.	1924.	1925.	1926.
	1923.	1924.	1925.	1926.
Average daily number of Patients	115.6	117.8	123.8	124.4
do. Staff	32.0	32.5	33.8	35.9
Salaries and Wages	3,306	3,509	3,644	3,803
Provisions	4,103	4,126	4,071	4,150
Drugs and Medical Appliances	478	578	442	436
Fuel, Light and Water	1,247	1,369	1,507	1,237
Domestic and Laundry	636	610	499	569
Renewals and Repairs	255	556	752	793
Miscellaneous	539	483	501	439
Rates, Taxes and Insurance	629	584	634	614
Loan Repayment and Interest	955	955	955	944
Capital Expenditure out of Revenue (garage)	—	—	—	182
Gross Totals	12,148	12,770	13,005	13,167
Deduct Profit on Farm Account	140	94	107	131
Deduct other Income	31	39	31	29
Net Cost	11,977	12,637	12,867	13,007
Food per person per week	10/8d.	10/6d.	9/11d.	9/11d.

Cost per week per Patient.
 £ s. d.
 0 10 11½
 0 13 7½
 0 1 7
 0 4 1½
 0 2 1½
 0 0 10
 0 1 9½
 0 2 1
 0 3 2

Total Cost.
 £
 3,306
 4,103
 478
 1,247
 636
 255
 539
 629
 955

Cost per week per Patient.
 £ s. d.
 0 11 4½
 0 13 5
 0 1 10½
 0 4 5½
 0 2 0
 0 1 9½
 0 1 6½
 0 1 10½
 0 3 1

Total Cost.
 £
 3,509
 4,126
 578
 1,369
 610
 556
 483
 584
 955

Cost per week per Patient.
 £ s. d.
 0 11 4½
 0 13 5
 0 1 10½
 0 4 5½
 0 2 0
 0 1 9½
 0 1 6½
 0 1 10½
 0 3 1

Total Cost.
 £
 3,644
 4,071
 442
 1,507
 499
 752
 501
 634
 955

Cost per week per Patient.
 £ s. d.
 0 11 3½
 0 12 7
 0 1 4½
 0 4 8
 0 1 6½
 0 2 4
 0 1 6½
 0 1 11½
 0 2 11½

Total Cost.
 £
 3,803
 4,150
 436
 1,237
 569
 793
 439
 614
 944

Cost per week per Patient.
 £ s. d.
 0 11 8½
 0 12 9½
 0 1 4
 0 3 9½
 0 1 9½
 0 2 5½
 0 1 4½
 0 1 10½
 0 2 11

Total Cost.
 £
 3,803
 4,150
 436
 1,237
 569
 793
 439
 614
 944

Cost per week per Patient.
 £ s. d.
 0 11 8½
 0 12 9½
 0 1 4
 0 3 9½
 0 1 9½
 0 2 5½
 0 1 4½
 0 1 10½
 0 2 11

Total Cost.
 £
 3,803
 4,150
 436
 1,237
 569
 793
 439
 614
 944

TABLE D.S. VII.

Table shewing Condition of Patients discharged from the Derbyshire Sanatorium from 1916-1924 inclusive.
Actual Figures and Percentages.

	1915-1916.		1917.		1918.		1919.		1920.		1921.		1922.		1923.		1924.		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
<i>Condition in 1925.</i>																				
Improved ...	122	41·92	92	37·56	75	35·72	75	26·51	107	40·70	96	36·93	103	37·33	105	35·48	147	45·24	922	37·65
Stationary ...	30	10·31	33	13·47	24	11·43	46	16·26	49	18·63	36	13·85	33	11·96	50	16·89	60	18·46	361	14·75
Worse ...	7	2·41	6	2·44	5	2·38	7	2·47	13	4·94	13	5·00	17	6·15	26	8·78	29	8·92	123	5·02
Dead ...	63	21·65	46	18·78	62	29·53	105	37·10	67	25·47	86	33·08	97	35·15	93	31·42	73	22·46	692	28·25
Untraced & gone away	67	23·02	64	26·12	41	19·52	48	16·96	26	9·88	27	10·38	25	9·05	22	7·43	16	4·92	336	13·72
Discharged Not T.B. ...	2	·69	4	1·63	3	1·42	2	·70	1	·38	2	·76	1	·36	—	—	—	—	15	·61
Total ...	291	100·00	245	100·00	210	100·00	283	100·00	263	100·00	260	100·00	276	100·00	296	100·00	325	100·00	2449	100·00

VENEREAL DISEASES.

The County Council have agreements with the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital for the treatment of cases of Venereal Diseases; in-patient and out-patient accommodation being provided at both Institutions. The Medical Officer in attendance at these two Centres is paid by the County Council and the Board of the Derbyshire Royal Infirmary in the proportion of one-quarter and three-quarters respectively. Cases in the outlying parts of the County receive treatment at the nearest Treatment Centres adjoining the County, such as those at Stockport, Manchester, Sheffield, Mansfield, Nottingham and Burton-on-Trent. Information as to these arrangements have been posted in public conveniences throughout the County, and many large firms have posted bills on their premises giving the same information.

The Tables which follow show the extent to which the scheme is utilised.

The number of new cases attending the V.D. Centres during the year, and the disease for which they required treatment, are given in the following Table :—

TABLE XXV.

<i>Disease.</i>	<i>Chester- field.</i>	<i>Derby.</i>	<i>Notting- ham.</i>	<i>Stock- port.</i>	<i>Burton.</i>	<i>Total.</i>
Syphilis	85	53	45	2	10	195
Gonorrhœa	100	66	45	2	8	221
Soft Chancre & non-V.D.	60	54	28	—	9	151
Total	245	173	118	4	27	567

These figures show an increase of 24 in the number of cases of Syphilis treated at these Centres as compared with 1924, and a decrease of 30 in the number of cases of Gonorrhœa.

The details of the cost of the scheme are as follows :—

TABLE XXVI.

<i>Treatment—</i>	<i>£</i>
Out-Patients	2464
In-Patients	333
Salvarsan Substitutes, Drugs, etc,	503
Travelling Expenses—Doctor	35
“ “ Patients	67
<i>Other Services—</i>	
Pathological Examinations	513
Gross cost	3915
Receipts for Pathological work done for other Authorities	211
Nett cost	£3704

This is a decrease of £94 on the expenditure for the previous year. There was an increase in the number of specimens examined, 2,103 having been examined in 1925, as against 1,803 in 1924.

The cost per attendance, including both in-patients and out-patients at Chesterfield, Derby and Nottingham worked out as follows :—

			s.	d.
Chesterfield	...	...	2	6
Derby	...	...	3	7
Nottingham	...	...	2	9

The General Practitioners submitted 1,174 specimens, details of which are as follows :—

TABLE XXVII.

		<i>Spirochaetes.</i>		<i>Wassermanns</i>		<i>Gonococci.</i>	
		<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
Derbyshire	}...	—	3	256	788	37	90
Derby Borough							
Burton-on-Trent							

It is satisfactory to note that general practitioners are making use of the County Laboratory more and more each year. During 1925 the number of specimens submitted by the general practitioners was 1,113, whilst in 1924, 1923 and 1922, the numbers of specimens submitted by the practitioners were respectively 1,013, 932 and 665.

Thirteen medical practitioners possessing the necessary qualification and experience, received free supplies of salvarsan and salvarsan substitutes for use within the County. These drugs are kept at the Central Office and issued as required. During the year 1925 doses to a total of 248 were supplied as follows :—

<i>Dose.</i>	<i>Novarseno-</i> <i>billon.</i>	<i>Stabi-</i> <i>larsan.</i>
0·1	12	—
0·3	56	3
0·45	89	—
0·6	88	—

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902 & 1918.

At the end of 1925 there were 362 midwives on the County Roll, 262 were trained midwives: of these 73 were District Nurse-midwives.

The following changes of midwives took place during 1925 :—

Deaths of Midwives	...	...	...	...	3
No. of Midwives struck off Roll	...	...	...	...	1
No. of Midwives who have retired from practice voluntarily, whose certificates have been cancelled by the Board	...	...	...	...	3
No. of trained Midwives who have left the County, of whom 23 were District Nurse Midwives	...	...	...	...	33
No. of Midwives who have done temporary duty for District Nurses	...	...	...	...	12
No. of other temporary Midwives	...	...	...	...	5
No. of new Midwives enrolled	...	...	...	...	55

PUERPERAL FEVER :—

	Number of Midwives.	Number of Confinements.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bonafide Midwives	100	2651	6	2·26
Trained Midwives, including District Nurse-Midwives	262	6757	13	1·91
	362	9408	19	2·02

During the year 1925 information was received concerning 31 women who died within six weeks of child-birth. Of these 14 occurred in hospitals or maternity homes. The causes of death were as follows :—

Puerperal Fever	...	...	...	...	14
Kidney conditions (Eclampsia)	...	...	...	...	2
Hæmorrhages (Ante and post-partum ; Placenta prævia and adherent)	...	...	...	...	4
Cardiac conditions	...	...	...	...	1
Pulmonary Tuberculosis	...	...	...	...	1
Respiratory conditions (other than Pulmonary Tuberculosis)	...	...	...	...	3
Cerebral Embolism	...	...	...	...	1
Severe complications during labour such as Ruptured Uterus	...	...	...	...	2
Various Diseases	...	...	...	...	3

With the approval of the Ministry of Health, forms of enquiry into Maternal deaths are sent to the Doctors certifying these. During 1925 Forms were sent in 29 cases and were returned completed in 22. A fee of 5s. is paid for each report.

The following Table gives the records received, the cases of Puerperal Fever in the practice of midwives only, and all cases of Ophthalmia Neonatorum, whether in the practice of doctors or midwives, with the corresponding figures for previous years :—

TABLE XXVIII.

	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
RECORDS—												
Medical Help ...	782	704	818	764	793	889	1252	1249	1229	1240	1353	1414
Still Births ...	198	213	178	167	156	153	194	164	151	173	158	178
Deaths of Children ...	31	28	24	27	23	36	34	37	28	23	30	32
„ Mothers ..	6	3	3	3	2	1	3	...	1	..	3	2
Laying out the Dead	20	21	14	22	29	15	7	9	15	22	21	15
Liability to be a source of Infection ...	...	...	11	38	34	29	54	38	50	31	53	44
Notification of Artificial Feeding (^{Within 10 days.}) ...	...	...	...	...	...	87	129	98	120	89	108	85
Puerperal Fever :												
Midwives cases ...	16	22	18	17	9	6	14	12	17	11	22	19
Ophthalmia Neonatorum :												
ALL Cases ...	33	36	89	96	64	78	71	96	50	55	67	47

The following is an analysis of the 1,414 Medical Help records :—

Abortion or Miscarriage ...	89
Varicose Veins ...	5
Ante-partum Hæmorrhage ...	40
Deformed Pelvis ...	11
Discharge during Pregnancy ...	3
Retarded Labour ...	326
Abnormal Presentation ...	97
Retained Placenta ...	89
Lacerated Perinæum ...	244
Still Birth ...	39
Fits or Convulsions during Labour	1
Post-partum Hæmorrhage ...	46
Rise of Temperature ...	49
White Leg ...	9
Inflammation of the Breast ...	3
Fits or Convulsions during Lying-in Period ...	3
Puerperal Insanity ...	1
Prolapse of Cord ...	10
Injuries or Malformations ...	15
Dangerous Feebleness ...	104
Eyes, Condition of ...	35
Skin Eruption ...	5
Navel, condition of ...	2
Miscellaneous ...	188
Total ...	1414

Inspection of Midwives.—Health Visitors possessing suitable qualifications carry out this duty in their particular area.

Inspections made—

Inspection Forms marked	“ Good ”	...	535
“	“ Satisfactory ”	...	304
“	“ Indifferent ”	...	19
“	“ Bad ”	...	—
Number of other Inspections and Visits		...	63
“	visits where Midwives were out	...	93
Total			1,014

Midwives suspended from practice for being in contact with :—

Puerperal Fever	...	...	...	...	11
Scarlet Fever	...	...	...	...	5
Diphtheria	...	...	...	...	3
Pemphigus Neonatorum	...	...	...	...	2
? Syphilis	...	...	...	...	1
Septic bed sore	...	...	...	...	1
Measles	...	...	...	...	1
Midwives suffering from inflamed finger	...	...	...	...	1
					<hr/>
					25
					<hr/>

Special Letters of Warning.—22 special letters of warning were sent to midwives in the County for breaking rules of the Central Midwives Board. 2 letters of warning were sent to uncertified women.

Scholarships.—During the year one Scholarship was awarded, the candidate being trained at the Ripley Maternity Home. From 31st March, 1925, however, the Board of Education ceased to make grants for the training of midwives, and in place of this the Ministry of Health make Grants direct to recognised institutions in respect of students who intend to practise as midwives or Health Visitors. Institutions desirous of earning these Grants must be recognised by the Ministry of Health and the Central Midwives' Board, and must be suitably equipped, staffed, and have a scale of fees approved by the Minister, and keep such records as he requires. In view of these altered arrangements the granting of scholarships by the Derbyshire Education Committee has now ceased.

Subsidised midwifery.—8 midwives in the County area were subsidised by the County Council during the year. One receives a subsidy of £50, one a subsidy of £40, four subsidies of £30 each, one a subsidy of £25, and one a subsidy of £20. Subsidies are only given in areas where there is no midwife practising, and where although there is a need for a midwife, there is not a sufficient number of cases to provide her with an adequate living without the subsidy, such as is often the case in widely scattered areas..

In addition to these subsidised midwives, the County Council pay to each newly established District Nursing Association approved by them and providing a qualified midwife to undertake cases in their area, the sum of £55 during the first two years.

In 1925 there were 86 Nursing Associations in the County employing 96 nurses, of these 73 acted as district nurse-midwives.

Payment of Doctors' Fees under Section 14 (1)

MIDWIVES ACT, 1918.

In respect of the year ended March, 1926, 301 claims were received from Medical Practitioners, of which 281 were passed for payment amounting to £466 16s. 0d. Refunds from patients for the same period amounted to £217.

Practice of Midwifery by Uncertified Midwives.—From time to time misunderstanding has arisen as to the meaning of Section 1, Sub-section 2, of the Midwives Act, 1902, which is as follows :—

“ From and after the first day of April one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified Medical Practitioner, unless she be certified under this Act ; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this Section shall not apply to legally qualified Medical Practitioners, or to anyone rendering assistance in a case of emergency.”

There is at the present moment a Bill before Parliament which has as one of its objects a tightening up of the law governing the practice of midwifery, particularly as to practice by uncertified midwives. Pending the coming into force of a new Midwives Act, I would like to take this opportunity of bringing to the notice of all those it may concern, a decision of the High Court as to an uncertified midwife acting under the “ direction ” of a qualified Medical Practitioner. An extract of this decision from the Local Government Chronicle of May 12th, 1923, is as follows :—

“ HIGH COURT OF JUSTICE.

King's Bench Division,

(Coram Lord Hewart, C.J., Shearman and Branson, J.J.).

“ Davis v.

“ April 24th, 1923.

“ Midwives—Uncertificated Midwife—Acting under ‘ direction ’ of qualified Medical Practitioner—Actual Supervision of Medical Practitioner—Midwives Act, 1902 (2 Edw. VII., c. 17), Section 1, sub-section 2.

“ Case stated by justices upon their dismissal of an information preferred by the appellant, an Officer of the County of Devon, against the respondent, a Midwife who had previously been certificated, but has ceased to be certificated in December, 1920, charging

that she not being certified under the Midwives Act, 1902, unlawfully did habitually and for gain attend women in childbirth otherwise than under the direction of a qualified Medical Practitioner, contrary to Section 1, sub-section (2).

“ It was proved that five expectant mothers had engaged the defendant to act as midwife at their several confinements, and paid her fees, and she attended and delivered the patients at dates between 5th May and 3rd July, 1922. No Medical Practitioner was present in any of the cases. There was no emergency. In every case as soon as the respondent was engaged a qualified Medical Practitioner was also retained. These gentlemen paid professional visits to the patients subsequently to the confinement, but not before. The respondent contended that she put herself under the direction of qualified Medical Practitioners, and that the case should be dismissed. The three medical men concerned, two of them in two cases each, and one in one, were examined for the defence. Each of them stated that the respondent was acting under his direction, that she was a capable woman and to be trusted, and that no instructions had been given in any case or were necessary. In no case was any professional inquiry made. In straightforward cases examination was never made. The appellant's contention was that ‘ under the direction ’ in the sub-section meant that in every case actual instructions suitable to the case should be given by the medical man. On the facts the justices were of opinion that the respondent had acted ‘ under the direction ’ of qualified medical men inasmuch as she acted under their general direction, including implied authority to effect delivery, and that specific directions were not required. They accordingly dismissed the information.

“ The Court held that the justices were not entitled to find that the respondent had attended the patients under the ‘ direction ’ of a qualified Medical Practitioner within the meaning of Section 1, sub-section (2), of the Act. *The Act, no doubt, abstained from expressly defining the word ‘ direction,’ but it was clear that before the Court could find that a person in the position of the respondent had acted under the direction of a qualified Medical Practitioner there must be materials from which it could draw the inference that there had been a real and not a mere nominal direction. The Act required not only that the medical man should make himself personally responsible for the case, but that he should make himself personally acquainted with its particular features. In the cases in question that requirement of the Act had not been complied with.*

“ Appeal allowed.

This decision of the High Court is of considerable aid to Local Supervising Authorities in administering Section 1, Sub-section 2, of the Midwives Act, 1902, and goes a long way towards defining what is meant by ‘ under the direction ’ of a qualified Medical Practitioner.”

Infantile Mortality.—The Infantile Mortality rate for the year 1925 was 78·4 per thousand births as compared with 75, the rate for England and Wales. Whilst the rate for England and Wales has

remained stationary since 1924, the mortality figure for the County has increased from 70·5 in 1924 to 78·4 in 1925. I have commented on this increase in the infantile mortality rate earlier in the Report (see page 10.)

Particulars as to the Child Welfare Centres under the Council's scheme are given on pages 18-20, and of the Council's Maternity Homes on page 12.

Maternity Homes.—The question of the provision of lying-in accommodation is one which needs consideration, particularly in view of the unsuitable home conditions under which many people are living, and also in view of the fact that in cases of emergency the best results of modern obstetrical methods can be expected only where operative procedure is carried out under good conditions, and this is usually quite out of the question in the average working-class home.

The difficulties of providing adequate lying-in accommodation in a County area like Derbyshire are great, particularly in view of the need for economy which undoubtedly exists and which practically excludes any scheme which entails the building of institutions.

Therefore in formulating a policy to be pursued for the purpose of providing lying-in accommodation for a large area such as a County, it is necessary at the commencement, bearing in mind the possible magnitude of a completed scheme, to avoid the adoption of any principle which will involve unnecessary expenditure. This consideration led me to suggest a means whereby it is hoped to avoid in whole or in part heavy expenditure, both as to capital cost and as to maintenance, which would necessarily accrue from establishing new Maternity Homes, for not only is any form of building expensive, but small institutions are notoriously uneconomical to run. Further, I consider the building of separate Institutions for the purpose of lying-in Homes in the County unnecessary, if only we can come to an agreement with existing Institutions for the treatment of the sick, such as Cottage Hospitals, General Hospitals and Poor Law Institutions. Many of these Institutions have vacant beds which could be used for maternity cases, and an effort should be made to come to an arrangement with the authorities of hospitals to undertake lying-in cases for the County Council. From the point of view of the Hospital it would provide them with funds, and it would give added interest to the work of the staff. From the point of view of the lying-in woman it would place her in a position where the appropriate aid is at hand should a surgical or medical emergency arise, as not infrequently happens, and which under the system of separate lying-in homes entails the removal of the patient from the maternity home to the hospital.

I am only too well aware of the difficulties which beset such a course as the one I propose, but I am sure these difficulties will disappear if we can approach the Authorities of the Hospitals concerned. It can scarcely be hoped that such a scheme can be comprehensive in its incipient stage, nor is it desirable that it should be, but with the foundations once laid, it is to be anticipated that

the scheme could be developed so as to provide for the whole County in response to demands for this particular service from each part of the Administrative County Area.

Unless some such scheme as this is adopted there will be a multiplicity of small Institutions scattered throughout the County, very few of which will be fully utilised.

If one takes a map of the County of Derby and places one point of a compass where a suitable institution exists and draws a circle with a radius representing five miles, it will be found that there is only a very small part of the County area which is not covered by one or other of these circles: in other words there are very few homes in Derbyshire which are situated at a distance of more than five miles from an existing institution where lying-in accommodation might be available under the arrangements I have set out above.

Home Visits.—During the year 93,421 visits were paid by the Health Visitors to the homes of children under five years of age. Of these, 43,372 were to homes of infants under 1 year of age.

The Health Visitors also act as School Nurses. Visitors under the Mental Deficiency Act Committee, Tuberculosis Nurses and, as already stated, they are inspectors of midwives in their own areas if they possess the necessary qualifications. The Health Visitor attends all the Maternity & Child Welfare Centres in her district, and does the home visiting in connection therewith. All the Council's Centres are ante-natal Centres, but much requires to be done in the education of the mother before ante-natal supervision will be so universally accepted as one would wish. Arrangements are being made for Lectures to be given to midwives. This I propose should be done through the medium of Midwives' Guilds or Clubs. My suggestion is that the midwives of an area (the actual size and position of the area depending upon the topography and travelling facilities of the district) should arrange to have a meeting, say monthly, and I hope to arrange during the winter months for six lectures to be given bearing on the more recent advances in midwifery and Gynecology. I have already received offers from people competent to teach, to conduct the lectures. In a rural area, it appears to me that it is only by some such means that recent advances in the knowledge of midwifery can be brought before midwives. Moreover, it tends to impress upon them that they are part of a large scheme and not isolated units. Foremost among the subjects which I have earmarked for these lectures is that of ante-natal supervision. There is no doubt to my mind that there are two main functions which the Local Supervising Authority's Medical Officer has to fulfil: by far the more important is that of instruction of midwives; the other is that of destruction of midwives as such when circumstances require it. It is unfortunate that so many midwives should imagine that the only function of the Medical Officer is the latter one, whereas that is a function which is only brought to bear when a midwife deliberately makes herself impermeable to the former. Midwives as a general rule are doing good work and receiving bad pay, and any encouragement which can be given them, or any means which can be taken to make their

work less arduous and more interesting should not be relegated to the future, but should be brought into being at the earliest possible moment.

Maternal Mortality.—The maternal mortality rate for the County of 3·84 for 1925, shewn in the Table below, compares favourably with 3·87 the rate for 1924, and 5·04 the rate for 1923. However, if one goes back for the last ten years there is not very much improvement. The rate has averaged about 4 maternal deaths for every thousand living births. The most pressing need, in order to effect a reduction of this rate, as in the case of infantile mortality is, more ante-natal supervision.

The following Table gives the Maternal Mortality rate in the County since 1916 :—

TABLE XXIX.

Year	Deaths from Puerperal Fever.	Rate per 1000 Births	Deaths from other accidents and Diseases of Pregnancy & Parturition	Rate per 1000 Births.	Total.	Rate per 1000 Births	No. of Births.
1916	19	1·45	45	3·43	64	4·88	13,109
1917	14	1·18	33	2·79	47	3·97	11,831
1918	10	·82	27	2·23	37	3·05	12,103
1919	15	1·26	40	3·38	55	4·64	11,838
1920	22	1·41	45	2·89	67	4·30	15,572
1921	12	·83	33	2·29	45	3·12	14,417
1922	17	1·30	35	2·67	52	3·97	13,095
1923	18	1·42	46	3·62	64	5·04	12,681
1924	17	1·34	32	2·53	49	3·87	12,615
1925	17	1·36	31	2·48	48	3·84	12,491

Treatment of Cripples under School Age.—I have already pointed out the need for inclusion of children under five years of age in the Council's orthopædic scheme, and at the time of writing this report the matter is under consideration by the Maternity & Child Welfare Committee.

Voluntary Societies. The County Council encourages the establishment by District Nursing Associations of Infant Welfare Centres in the smaller villages where there is no existing Centre, and a grant of £10 per annum is given where the Centre is run in accordance with the rules laid down by the Council, and where there is an average attendance of children under 2 years of age, of at least 16 a month.

The co-ordination of the Maternity & Child Welfare Service with that of the School Medical Service is referred to in my School Annual Report for 1925 as follows :—

(a) *Maternity and Child Welfare.* The Maternity and Child Welfare area of the County coincides with the Elementary Education area, and the School Nurses act as Health Visitors under the Maternity and Child Welfare scheme, thus assuring that the child continues under the supervision of the same health officers during

school life, as during infancy and pre-school life. In most areas the School Doctor is also the Medical Officer in charge of the infant welfare centre, but in the case of some of the part-time School Medical Officers this arrangement is not possible.

The School Nurses in the course of their duties as Health Visitors gather information on debilitated and defective children under school age. They advise on such matters as feeding, clothing, open-air and general hygiene, and endeavour to get children to the appropriate clinic for examination, from where they are referred to their private doctors if it is found that medical treatment is required.

The Attendance Officers also bring to my notice any such children below school age which come to their knowledge during the course of their duties.

Provision of Free Milk.—The Council's Maternity & Child Welfare scheme includes the supply of free milk to children under 3 years of age, to expectant mothers during the last three months of pregnancy, and to nursing mothers, in accordance with Circular 185 of the Ministry of Health. Milk is only supplied on the County Medical Officer being satisfied that a supply is essential on the grounds of health and that the financial circumstances of the family are such that they fall within a scale defined by the Maternity and Child Welfare Committee.

In respect of the financial year ended March 31st, 1926, 1,701 applications for free milk were received. Of these, 1,460 were for liquid milk and 241 for dried milk. The expenditure was £554 13s. 7d, £480 15s. 2d. for liquid milk and £73 18s. 5d. for dried milk.

Puerperal Fever.—In the following Table I give the Puerperal Fever case rate among midwives and doctors :—

TABLE XXX.

MIDWIVES' CASES.				DOCTORS' CASES.		
Year.	No. of Births.	P.F. Cases.	Rate per 1,000 Births.	No. of Births.	P.F. Cases.	Rate per 1,000 Births.
1913	11,017	20	1.81	3,686	11	2.98
1914	11,649	16	1.37	3,220	27	8.38
1915	10,514	22	2.09	3,277	24	7.32
1916	10,139	18	1.77	2,970	6	2.02
1917	9,130	17	1.86	2,701	5	1.85
1918	9,321	9	.96	2,782	11	3.95
1919	9,512	6	.63	2,326	18	7.74
1920	12,222	14	1.14	3,350	27	8.06
1921	10,954	12	1.09	3,463	18	5.19
1922	10,168	17	1.67	2,927	13	4.44
1923	9,867	11	1.11	2,814	20	7.10
1924	9,119	22	2.41	3,496	12	3.43
1925	9,408	19	2.02	3,083	23	7.45

As I pointed out in my Annual Report for 1924, these figures in no way serve as a basis for a comparative estimate of the care or skill employed by doctor and midwives, for it is to be remembered that in many cases where a doctor is called in, his services are required on account of complications necessitating instrumental interference or otherwise jeopardising the life of the patient.

Ophthalmia Neonatorum.—The incidence of this disease, the results of treatment and the after-effects of notified cases are set out in the Table which follows. All cases of discharge from the eyes, however slight, are notified by midwives, and these are automatically visited by the Health Visitor for the area, who sends a report on her investigations to the Central Office and at the same time sees that proper treatment is carried out. Collosol Argentum is supplied to trained midwives in the County for use in all cases with a view of preventing Ophthalmia Neonatorum.

TABLE XXXI.

<i>Cases.</i>			<i>Vision unim- paired.</i>	<i>Vision im- paired.</i>	<i>Total Blind- ness.</i>	<i>Deaths.</i>
<i>Noti- fied.</i>	<i>Treated</i>					
	<i>At Home</i>	<i>In Hospital</i>				
47	38	9	47	—	—	3

The incidence, of Measles, Whooping Cough, Diarrhoea, have been dealt with in an earlier section of the Report.

Polio-Myelitis.—Seven cases were notified during the year. This disease gives rise to a vast amount of crippling. In many cases (I might almost say in the majority of cases) crippling is due to deformities resulting from contracture of the non-paralysed muscles rather than to the actual paralysis itself, and these deformities can be prevented by proper treatment at the proper time. It is therefore essential that those who come in contact with this disease should be familiar with the initial syndrome and the necessary steps to be taken in the acute stage of the disease, otherwise months of work has to be put in by the Orthopaedic surgeon to correct preventable deformities. The difficulty of diagnosis in the early stage of the disease is to differentiate it from the common illnesses of childhood. There are, however, three signs which should always make one suspicious; namely, pain in the back and limbs, stiffness of the neck and marked tenderness of the limbs. These symptoms are remarkably constant. It is quite possible that paralysis will not be evident for some considerable time, being hidden by the tenderness, but it not infrequently develops within a few days and occasionally within a few hours. The fact that the disease is more

prevalent in the summer months, particularly about September, when a child is away on holiday, is very apt to mislead one to attribute the illness to some indiscretion of diet or habit, so that it is well to remember that in the holiday season this is one of the diseases one looks for. There is no space in this report to go into further details of the disease, but in the early stage it is necessary to know what treatment is indicated. The first indication is absolute rest, only to be obtained by complete immobilisation of the patient and fixation of the spine and limbs by some such method as a plaster of Paris bed or a double Thomas or Bradford spinal frame. This treatment must be commenced at the first possible moment, for fixed deformities may develop even within a few weeks of the onset of the disease. Limbs should be immobilised in the correct position, viz., extended hips and knees with the foot at right angles in the case of the leg; flexed elbow, supination of the forearm, dorsiflexed wrist in the case of the arm, which should be abducted to a right angle at the shoulder.

The object of this treatment is to put the paralysed muscles in a state of complete relaxation. It may be found later on in the disease when the paralysis becomes localised that the position described above does not do this to the best advantage, but at this early stage it is the best position for the patient. When paralysis becomes localised it is then time to reconsider what is the proper position for the limbs to be in. By this time, however, the case should be under the care of an orthopædic surgeon.

Poliomyelitis, like many other causes of crippling, is more common before than after the age of 5 years; consequently the onus of providing early treatment will frequently fall to the Maternity & Child Welfare Committee, without whose co-operation any orthopædic scheme will be incomplete.

MENTAL DEFICIENCY ACT, 1913.

The above Act is administered by the Mental Deficiency Act Committee of the County Council. The number of cases dealt with, and the action taken, up to the end of 1925 are shewn in the following Table:—

TABLE XXXII.

<i>No. of Cases.</i>	<i>Males.</i>	<i>Females</i>	<i>Total.</i>
In Institutions, under " Order "	30	48	78
Do. under " Per- missive "	—	5	5
Under Guardianship	—	1	1
Under Statutory Supervision ...	12	17	29
Transferred from Education Committee	8	5	13
Under consideration	527	443	970

PART II.

**Further Sanitary Requirements in the
Districts Separately**

(as recommended by the Local Medical Officer of Health).

URBAN DISTRICTS.**ALFRETON.**

1. The conversion of the 2,892 pail closets and privy middens, &c., to the water-carriage system.

ALVASTON & BOULTON.

1. Further housing accommodation.

ASHBOURNE.

1. Additional cottages to replace insanitary property.
2. An increased water supply.
3. An isolation hospital.
4. A public abattoir.

BAKEWELL.

1. Additional housing accommodation.
2. The conversion of the remaining privy middens and pail closets to the water-carriage system.

BASLOW.

1. Public scavenging.
2. The conversion of privy middens and pail closets to the water-carriage system.

BELPER.

1. The provision of a public abattoir.
2. The more general provision of galvanised ashbins.
3. The provision of Byelaws regulating the deposit of refuse in streets and markets.
4. The provision of a public mortuary.

BOLSOVER.

1. Additional housing accommodation.
2. The general conversion of privies and pail closets to the water-carriage system.
3. Better means of refuse disposal.
4. A comprehensive system of sewerage and sewage disposal.
5. The provision of a public mortuary.

BONSALL.

1. Necessity for improved sanitary arrangements at the schools.

BRAMPTON & WALTON.

1. More rapid progress in the conversion of privy middens and pail closets to the water-carriage system.
2. The connecting up of every house in the area which will be served by the Dog Hole sewer when completed.

CLAY CROSS.

1. The completion of the scheme now before the Ministry of Health for the construction of a new reservoir.
2. The conversion of the privy middens and pail closets to the water-carriage system.

GLOSSOP (Borough).

1. Increased housing accommodation.
2. The improvement of the water supply to Hayfield.
3. The conversion of pail closets and privy middens to the water-carriage system and the abolition of ashpits.

HEAGE.

1. The more general provision of galvanized ashbins.
2. The conversion of privy middens and pail closets to the water-carriage system.
3. An improved water supply for Ambergate, Toadmoor and Buckland Hollow.
4. Attention to the outfall works at Nether Heage and Ambergate.

HEANOR.

1. The provision of an infectious diseases hospital.
2. A steam disinfecter.
3. The conversion of privy middens, &c., to the water-carriage system.
4. A plant for rubbish destruction.
5. Increased housing accommodation.
6. Attention to the Wood End Sewage Works and the re-construction of the Loscoe sewage outfall.

ILKESTON (Borough).

1. Further housing accommodation, and the demolition of unfit houses.
2. The provision of further hospital accommodation.

LONG EATON.

- 1. Increased Hospital accommodation for infectious diseases.
- 2. Provision of a public abattoir.
- 3. Provision of Public Swimming Baths.
- 4. Inspection of milch cows by Veterinary Surgeon.

MATLOCKS.

- 1. The more frequent emptying of ashbins.
- 2. Further isolation hospital accommodation.

NEW MILLS.

- 1. Further housing accommodation.

RIPLEY.

- 1. The provision of public baths.
- 2. Further lavatory accommodation in the town.
- 3. Increased hospital accommodation for infectious diseases.
- 4. Progress in the conversion of privy middens and pail closets to the water-carriage system.
- 5. The provision of a destructor or some other means of refuse disposal.

SOUTH DARLEY.

- 1. A scheme of public scavenging.

WIRKSWORTH.

- 1. Precautions to prevent public tip being a nuisance.
- 2. Increased isolation hospital accommodation.

RURAL DISTRICTS.**BAKEWELL.**

- 1. Improved water supplies for Blackwell, Elton, Foolow, Hartington Middle Quarter, Little Hucklow, Great Hucklow, Grindlow, Monyash and Winster.
- 2. Sewerage scheme for Eyam, Ashford, Youlgreave, Eyam Woodlands, Bradwell, Calver, Great Longstone.
- 3. Organised systems of scavenging at Birehover, Monyash, Stanton-in-Peak, Youlgreave.

BLACKWELL.

- 1. More adequate water supply.
- 2. Further housing accommodation.
- 3. When a sufficient supply of water is available, the conversion of privy middens and pail closets to the water-carriage system.
- 4. The re-construction of the Hillstown (Seaccliffe) sewage works.
- 5. Augmentation of Birchwood Lane, South Normanton, sewage works.

CHAPEL-EN-LE-FRITH.

1. Proper drainage schemes at Hope, Dove Holes, Peak Dale, Harpur Hill.
2. Water schemes for Harpur Hill, Dove Holes and the Hope Valley.
3. Additional housing accommodation.

CHESTERFIELD.

1. Further housing accommodation.

CLOWN.

1. Further housing accommodation.
2. Adoption of water closets.

GLOSSOP DALE.

1. Public scavenging in the urban parts of Charlesworth and Ludworth.
2. An increased water supply for Ludworth and the development of the Charlesworth supply.
3. The early completion of part of the proposed sewage scheme for Charlesworth.

HARTSHORNE & SEALS.

1. The carrying out of the proposed sewerage and sewage disposal scheme for Overseal.
2. Further housing accommodation.

HAYFIELD.

1. Further housing accommodation for Hayfield parish.

REPTON.

1. Provision of water supply for Etwall and Hatton.
2. A sewerage system for Hatton.

SHARDLOW.

1. Water supplies for Sawley, Kirk Hallam, Chaddesden and Dale Abbey.
2. Sewerage scheme for Chaddesden.

SUDBURY.

1. An improved water supply for Doveridge so as to permit of the conversion of privy middens to the water-carriage system.

Appendix 1.**DERBYSHIRE COUNTY COUNCIL.****LIST OF SCHOOL CLINICS, MATERNITY & CHILD WELFARE CENTRES AND TUBERCULOSIS DISPENSARIES.**

(Arranged according to Sanitary Districts).

ALFRETON URBAN.**EDUCATION COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Eye Clinic	Council Infants' School, Head Mistress's Room, Alfreton.	As required
Ear Clinic	do.	As required.
Minor Ailments	do.	1st and 3rd Tuesdays.
Orthopædic Centre ...	Primitive Methodist Church, King Street, Alfreton	2nd and 4th Mondays.

MATERNITY & CHILD WELFARE COMMITTEE.

Infant Welfare Centre	Primitive Methodist Church, Leabrooks, Alfreton	1st and 3rd Mondays, 2 to 6 p.m.
Do.	The Schoolroom, Ironville	4th Mondays, 2 to 4 p.m.
Do.	Cong. Assembly Rooms, Riddings	1st and 3rd Mondays, 2 to 4 p.m.
Do.	Salem Schools, Somercotes	2nd and 4th Mondays; 3 to 5 p.m.

ASHBOURNE URBAN.**EDUCATION COMMITTEE.**

T. & A. Ops.	Stone House, Dark Lane, Ashbourne	As required.
Ear Clinic	do.	As required.
Eye Clinic	do.	As required.

MATERNITY & CHILD WELFARE COMMITTEE.

Infant Welfare Centre	St. John's Rooms, Ashbourne	Wednesdays, 12 to 4 p.m.
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*ASHBOURNE URBAN—continued.*MATERNITY & CHILD
WELFARE COMMITTEE.

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Maternity Home ...	Buxton Road, Ashbourne (3 beds)	
TUBERCULOSIS COMMITTEE.		
Tuberculosis Dispensary	Stone House, Dark Lane, Ashbourne	1st & 3rd Tuesdays, 11 a.m. to 1 p.m.

BAKEWELL URBAN.

EDUCATION COMMITTEE.

Eye Clinic ...	Boys' Brigade Hall, C.E. School, Bakewell	As required.
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BELPER URBAN.

EDUCATION COMMITTEE.

Ear Clinic ...	Green Hall, Belper	Occasional Mondays.
Eye Clinic ...	do.	Occasional Wednesdays.
Minor Ailments ...	do.	Thursdays.
Dental ...	do.	Four days monthly.
Orthopædic Centre ...	Green Hall, Belper	2nd & 4th Tuesdays.
MATERNITY & CHILD WELFARE COMMITTEE.		
Infant Welfare Centre	Green Hall, Belper	Thursdays, 2 to 4 p.m.

BOLSOVER URBAN.MATERNITY & CHILD
WELFARE COMMITTEE.

Infant Welfare Centre	Church Hall, Bolsover	Tuesdays, 2 to 4.30 p.m.
Do. ...	Bainbridge Hall, New Bolsover	2nd and 4th Thursdays, 2.30 to 5 p.m.

BURTON.TUBERCULOSIS
COMMITTEE.

Tuberculosis Dispensary	31, Union Street, Burton-on-Trent	1st and 3rd Wednesdays, 10.30 to 12.30 & 2 to 4.30 p.m.
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BUXTON.

EDUCATION COMMITTEE.

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Eye Clinic	Council School, Buxton	As required.

CHESTERFIELD BOROUGH.

EDUCATION COMMITTEE.

T. & A. Ops.	Brimington Road, Chesterfield	Tuesdays, except 1st.
Eye Clinic	do.	Thursdays, & 1st and 3rd Mondays.
Ear Clinic	do.	2nd and 4th Mondays.
Dental Clinic	do.	Most days except Tuesdays
X-rays	do.	Wednesdays.
Minor Ailments	do.	Saturday Mornings.
Orthopædic	do.	Wednesdays.
TUBERCULOSIS COMMITTEE.		
Tuberculosis Dispensary	Brimington Road, Chesterfield	Tuesdays, Thursdays & Fridays, 10 to 12.30, 2 to 5 p.m.
X-ray Exams.	do.	1st & 3rd Mondays 11 a.m. to 1 p.m.

CLAY CROSS URBAN.

EDUCATION COMMITTEE.

Eye Clinic	Junior Boys Council School, Head Teacher's Room, Clay Cross	As required.
Ear Clinic	do.	As required.

MATERNITY & CHILD
WELFARE COMMITTEE.

Infant Welfare Centre	The Vicarage, Clay Cross	Wednesdays, 1.30 p.m.
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DRONFIELD URBAN.**MATERNITY & CHILD
WELFARE COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	Congregational Chapel, Dronfield	Mondays, 1 to 4 p.m.

EDUCATION COMMITTEE.

Eye Clinic	Baptist Schoolroom, Dronfield	As required.
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DERBY.**EDUCATION COMMITTEE.**

T. & A. Ops. ...	Walker Lane, Derby	Wednesdays.
Eye Clinic ...	do.	Fridays.
Ear Clinic ...	do.	Occasional Mondays.
Dental Clinic ...	do.	Several days weekly.
Dental Anæsthetic ... Cases	do.	Thursdays of 1st complete week in month.
Dental Anæsthetic ... Cases	do.	3rd Thursday of each month.
Orthopædic Clinic ...	do.	1st & 3rd Fridays.
X-ray Clinic ...	New County Offices, Derby	Mondays (work for Derby Boro')
X-ray Clinic ...	do.	Thursdays (County cases).

**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	New County Offices, Derby	Tuesdays (for children only), 2.30 to 4.30.
Do. ...	do.	Fridays, 10.30 to 12.30 & 2 to 4 p.m.

GLOSSOP BOROUGH.**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	Surrey Street, Glossop	Wednesdays, 11 to 1 p.m., 2 to 4 p.m.
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HEANOR URBAN.**MATERNITY & CHILD
WELFARE COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	Recreation Pavilion, Heanor	Mondays, 1 to 4 p.m.
Do. ...	Wesleyan Schoolroom, Langley Mill	1st & 3rd Wednesdays.

ILKESTON BOROUGH.**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	Albert Street, Ilkeston	Wednesdays, 11 to 1 p.m. & 2 to 4.30.
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LONG EATON URBAN.**EDUCATION COMMITTEE.**

Ear Clinic ...	4, Nottingham Road, Long Eaton	As required.
Minor Ailments ...	do.	Each day
Dental Clinic ...	do.	Wednesdays.
Orthopædic ...	do.	1st & 3rd Thursday mornings.
Eye Clinic ...	Board Room, High Street, Council School	As required.

**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	4, Nottingham Road, Long Eaton	Mondays and Thursdays, 2.30 to 4 p.m.
Do. ...	Wesleyan Schoolroom, Victoria Street, New Sawley	Tuesdays, 2 to 4 p.m.

**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	4, Nottingham Road, Long Eaton	Tuesdays. 11 to 1 p.m.
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MATLOCK URBAN.**EDUCATION COMMITTEE.**

Ear Clinic ...	The Dispensary, Snitterton Road, Matlock	As required.
Dental Clinic ...	do.	As required.
Eye Clinic ...	C.E. School, Matlock Bath	As required.

**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	Snitterton Road, Matlock	Thursdays, 10 to 1 p.m. & 2 to 4 p.m.
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NEW MILLS URBAN.**MATERNITY & CHILD
WELFARE COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	St. James' Schoolroom, New Mills	Thursdays. 2 to 4 p.m.

RIPLEY URBAN.**EDUCATION COMMITTEE.**

Minor Ailments	... Junior Boys' Council School, School, Ripley	Tuesday afternoons.
Eye Clinic	... do.	As required.
Ear Clinic	... do.	As required.

**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Old Schools, Outram Street, Ripley	Mondays, 10 to 12.30 & 2 to 4 p.m.
Do.	... Bethel Chapel, Marchay	Thursdays, 10 to 12.
Maternity Home	... Grosvenor Road, Ripley (8 beds)	

SWADLINCOTE URBAN.**EDUCATION COMMITTEE.**

Minor Ailments	... Alexandra Road, Swadlincote	Daily.
Ear Clinics	... do.	As required.
Dental Clinic	... do.	1st complete week in each month.
Eye Clinic	... do.	As required.
Orthopædic	... do.	2nd and 4th Fridays.

**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Town Hall, Swadlincote	Mondays, 2 to 6 p.m.
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WIRKSWORTH URBAN.**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Baptist Church Hall, Wirksworth	2nd & 4th Thursdays, 2 to 4.30 p.m.
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ASHBOURNE RURAL.**MATERNITY & CHILD
WELFARE COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	Primitive Vestry, Middletón-by-Wirksworth	2nd & 4th Wednesday, 2 to 4 p.m.

BAKEWELL RURAL.**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	The Institute, Tideswell	1st & 3rd Thursdays, 1 to 5 p.m.
Do.	... Village Hall, Youlgreave	Weighing Centre only

BLACKWELL RURAL.**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Cliff House, Shirebrook	Wednesdays, 2 to 4 p.m.
Do.	... Wesleyan Mission Room, Pleasley	2nd & 4th Thursdays, 2 to 4.30 p.m.
Do.	... Miners' Institute, Langwith	1st & 3rd Mondays, 3 to 5 p.m.
Do.	... Church Mission Room, Tibshelf	2nd & 4th Tuesdays, 2.30 to 4.30.
Do.	... Wesley Schoolroom, Newton	1st & 3rd Mondays, 1 to 3 p.m.
Do.	... Wesleyan Mission Hall, Hillstown	2nd & 4th Mondays, 2 to 4 p.m.
Infant Welfare Centre	Primitive Methodist School, Pinxton	1st & 3rd Thursdays, 1.30 to 3.30
Do.	... Miners' Welfare, South Normanton	2nd & 4th Tuesdays, 1.30 to 4 p.m.

EDUCATION COMMITTEE.

T. & A. Ops.	... Cliff House, Shirebrook	As required.
Ear Clinic	... do.	As required.
Eye Clinic	... do.	As required
Dental	... do.	Tuesdays.
Minor Ailments	... do.	Daily.

BELPER RURAL.**MATERNITY & CHILD
WELFARE COMMITTEE.**

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	Council Room, Crich	2nd & 4th Thursdays, 2 to 4 p.m.

CHAPEL-EN-LE-FRITH RURAL.**EDUCATION COMMITTEE.**

T. & A. Ops.	... Lower Lane, Chinley	1st Tuesdays, each month.
Ear Clinic	... do.	As required.
Eye Clinic	... do.	1st Wednesdays
Dental	... do.	As required.

**TUBERCULOSIS
COMMITTEE.**

Tuberculosis Dispensary	Lower Lane, Chinley	Mondays, 11 to 1 & 2 to 5 p.m.
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CLOWNE RURAL.**EDUCATION COMMITTEE.**

Eye Clinic	... Junior Boys' School	As required.
Ear Clinic	... do.	As required.

**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Primitive Methodist Chapel, Clowne	Tuesdays, 1.30 to 5.30.
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CHESTERFIELD RURAL.**MATERNITY & CHILD
WELFARE COMMITTEE.**

Infant Welfare Centre	Wesleyan Chapel School, Eckington	Mondays, 1 to 4 p.m.
Do.	... Church Hall, Barrow Hill	Mondays, 2 to 4 p.m.
Do.	... Wesleyan Church, Unstone	Mondays, 2 to 4 p.m.
Do.	... Primitive Methodist Chapel, Staveley	Tuesdays, 1.30 to 4.30
Do.	... Mission Room, Holmwood	Mondays, 2.30 to 4.30.
Do.	... Church Institute, Stonebroom	Mondays, 10 a.m. to 12.30 p.m.

CHESTERFIELD RURAL—continued.

<i>Purpose.</i>	<i>Address of Clinic.</i>	<i>Open.</i>
Infant Welfare Centre	Workmen's Institute, Shirland	Thursdays, 10 a.m. to 12.30 p.m.
Do. ...	Primitive Methodist School, Grassmoor	Mondays, 2 to 4 p.m.
Do. ...	North Wingfield, Rectory School, North Wingfield	Thursdays, 2.30 to 4.30.
Do. ...	Church Hall, Brimington	Thursdays, 2 to 4 p.m.
Do. ...	C.E. Schoolroom, Beighton	Tuesdays, 2 to 4 p.m.
Do. ...	Free Church, Killamarsh	Wednesdays, 2 to 4 p.m.

EDUCATION COMMITTEE.

Eye Clinic	... Parish Council Room, Eckington	As required.
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HARTSHORNE & SEALS RURAL.MATERNITY & CHILD
WELFARE COMMITTEE.

Infant Welfare Centre	Primitive Methodist Schools, Overseal	Mondays, 10.30 to 4 p.m.
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HAYFIELD RURAL.MATERNITY & CHILD
WELFARE COMMITTEE.

Infant Welfare Centre	Wesleyan Methodist Church, Hayfield	Tuesdays, fortnightly, 2 to 4 p.m.
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SHARDLOW RURAL.MATERNITY & CHILD
WELFARE COMMITTEE.

Infant Welfare Centre	Lenton Street Schools, Sandiacre	2nd & 4th Mondays. 2 to 4.15 p.m.
Do. ...	Church Schools, Draycott	2nd & 4th Wednesdays, 1.30 to 4 p.m.
Do. ...	Wesleyan Chapel, Spondon	1st & 3rd Tuesdays, 11 a.m. to 4.30.
Do. ...	Cook's Institute, Melbourne	Wednesdays, 10.15 to 5 p.m.
Do. ...	Parish Room, Little Eaton	1st & 3rd Tuesdays, 2 to 4 p.m.

January, 1926.

COUNTY OF DERBY.

Appendix II.

Table of Deaths during the year 1925 in each of the URBAN Sanitary Districts, Classified according to Diseases.

URBAN SANITARY DISTRICT.	DEATHS FROM SUBJOINED CAUSES.																														Totals					
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningo- coccal Meningitis.	Tuberculosis of Respira- tory System.	Other Tuberculous Diseases.	Cancer. Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hemorrhage, etc.	Heart Disease.	Arterio- Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of the Stomach or Duodenum.	Diarrhoea, etc.	(under 2 yrs) Appendicitis and Typhilitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Acci- dents and Diseases of Pregnancy & Parturition.	Congenital Debility and Malformation including pre- mature Birth.	Suicides.	Other Deaths from Violence.		Polio- myelitis.	Polio- encephalitis.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
ALFRETON	5	...	3	...	11	1	...	7	6	22	1	2	17	43	10	8	8	2	1	3	4	...	4	...	2	...	14	1	10	60	1	246
ALVASTON & BOULTON	1	1	...	...	4	1	5	...	...	...	4	...	4	3	1	1	...	...	...	...	1	...	...	...	...	...	...	3	...	29	
ASHBOURNE	1	...	3	...	2	...	...	3	1	4	...	...	2	2	1	1	1	...	1	...	1	...	2	...	1	...	2	2	...	...	6	...	36	
BAKEWELL	1	1	1	...	...	1	4	...	1	1	...	...	...	1	...	1	...	...	1	1	1	...	...	9	...	24	
BASLOW	1	...	...	...	...	4	...	...	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	12	
BELPER	2	1	...	4	4	8	4	17	1	3	8	18	5	3	15	1	2	...	6	4	2	8	26	...	142
BOLSOVER	1	...	2	...	1	1	...	7	4	8	1	...	6	14	1	6	12	1	...	4	1	2	1	...	1	...	14	1	5	25	4	123
BONSALL...	2	...	2	...	...	1	1	...	...	1	...	...	...	...	...	...	...	1	...	2	...	...	...	1	...	11	
BRAMPTON & WALTON	1	...	1	...	...	...	...	1	...	...	7	4	...	1	1	...	...	...	...	...	...	1	...	...	2	2	...	...	8	...	29	
BUXTON (Boro')	1	...	3	...	5	1	...	12	2	20	1	2	15	14	5	11	9	1	3	2	2	2	5	2	...	10	1	5	...	...	33	...	167	
CHESTERFIELD (Boro')	1	8	1	12	10	7	6	...	62	12	61	6	5	61	102	17	57	79	6	6	5	6	4	11	...	1	48	6	39	...	...	128	9	776	
CLAY CROSS	2	...	...	1	8	...	...	5	3	16	...	2	9	20	...	13	20	2	...	3	...	...	3	...	1	7	1	7	...	...	22	...	145	
DRONFIELD	1	...	...	...	...	...	...	1	...	6	1	...	6	7	...	4	1	...	...	1	...	...	6	...	2	3	...	1	...	...	4	1	45	
GLOSSOP (Boro')	1	3	3	5	...	...	18	1	19	2	5	34	47	6	22	20	4	1	1	1	...	11	...	1	6	2	3	...	...	50	2	268	
HEAGE	4	...	...	4	...	2	...	...	2	4	...	2	2	...	...	...	...	...	...	...	...	1	1	2	...	...	8	...	32	
HEANOR	6	...	1	2	11	...	...	15	2	8	2	3	16	26	12	24	22	4	1	6	...	2	2	2	...	17	6	8	...	...	42	2	242	
ILKESTON (Boro')	8	...	1	...	10	1	...	25	6	28	...	2	22	29	7	63	45	5	1	8	1	2	13	...	2	35	2	15	...	...	73	9	413	
LONG EATON	1	...	1	1	1	...	18	...	24	2	5	13	31	5	16	21	6	1	...	1	1	8	...	...	13	3	7	...	...	45	2	226	
MATLOCKS	1	...	...	...	...	...	2	1	...	6	1	19	...	3	13	24	6	10	9	...	...	...	1	1	3	...	...	1	1	5	...	...	23	2	135
NEW MILLS	1	1	5	4	1	3	4	9	...	2	15	14	4	4	15	1	...	1	1	...	2	...	1	6	...	1	1	...	26	1	123	
NORTH DARLEY	2	...	...	3	1	3	1	...	2	5	*2	3	2	...	...	...	...	...	2	...	...	1	...	1	1	...	7	...	36	
RIPLEY	1	...	2	1	5	...	...	2	1	12	...	4	4	16	2	8	4	2	1	...	1	1	2	...	1	4	...	9	...	...	35	1	119	
SOUTH DARLEY	1	...	...	...	...	1	...	1	...	...	1	1	1	2	1	...	...	...	...	1	...	...	...	3	...	...	...	...	2	...	15	
SWADLINCOTE	6	1	3	2	4	...	...	10	4	20	...	3	19	23	...	28	19	3	1	2	5	1	5	1	...	22	2	11	...	...	60	5	260	
WIRKSWORTH...	2	...	...	...	5	...	...	2	1	10	1	1	4	13	2	5	4	1	...	...	1	...	1	...	...	1	...	1	...	...	10	...	65	
TOTAL OF URBAN DISTRICTS ...	1	1	44	5	36	26	95	16	1	219	55	322	19	42	281	468	86	296	315	40	18	36	29	17	88	7	14	218	34	142	2	...	707	39	3719	

COUNTY OF DERBY.

Appendix IIa.

Table of Deaths during the year 1923 in each of the RURAL Sanitary Districts, Classified according to Diseases.

DEATHS FROM SUBJOINED CAUSES.

TOTALS

RURAL SANITARY DISTRICTS.	DEATHS FROM SUBJOINED CAUSES.																													TOTALS					
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer. Malignant Diseases.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage, &c.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis and Typhilitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy and Parturition.	Constitutional Debility & Malformation (including Premature Birth).	Suicides.		Other Deaths from Violence.	Poliomyelitis.	Polio-encephalitis.	Other defined Diseases.	Causes ill-defined or unknown.	All Causes.
ASHBOURNE	1	...	3	...	4	...	...	1	2	12	...	1	7	15	...	1	5	1	2	...	1	1	1	...	...	3	..	2	...	...	38	2	103
BAKEWELL	1	1	14	1	...	5	6	23	2	3	18	46	11	19	10	3	1	1	2	1	4	2	...	11	2	13	1	...	49	1	251
BASFORD	2	...	...	3	...	4	1	...	1	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	16	
BELPER	1	4	5	6	1	...	7	6	29	3	1	15	35	4	12	19	3	...	1	...	1	6	...	1	18	6	11	...	...	63	1	259
BLACKWELL	15	4	8	3	19	4	...	30	10	23	2	1	12	51	7	44	65	...	5	16	2	...	6	3	3	47	2	22	...	...	81	5	490
CHAPEL-EN-LE-FRITH	1	3	1	5	...	...	7	2	23	...	2	11	21	6	9	16	3	2	...	2	...	6	...	1	9	3	5	...	...	44	2	184
CHESTERFIELD	1	4	1	8	9	23	5	1	47	20	69	10	4	51	106	22	82	87	12	7	5	4	7	30	5	3	88	9	48	1	...	160	8	937
CLOWN	4	2	5	...	...	8	3	8	2	2	15	16	1	14	22	2	...	...	2	1	4	...	2	16	...	3	...	...	62	1	195
GLOSSOP DALE	2	...	5	1	1	7	4	5	9	2	2	1	...	...	...	2	...	...	...	1	...	...	...	10	...	52
HARTSHORNE & SEALS	1	...	3	...	1	3	2	8	...	2	6	10	1	11	5	2	...	2	1	2	1	...	1	10	1	7	...	...	26	1	107
HAYFIELD...	1	2	...	...	1	...	4	1	1	2	8	6	3	7	...	...	...	...	...	1	...	1	7	...	4	...	...	11	...	60
NORTON	1	...	3	...	1	5	1	3	...	1	3	8	6	2	2	...	...	1	...	...	2	...	...	1	1	1	...	...	13	2	57
REPTON	1	2	1	...	9	...	...	3	3	18	1	1	18	21	5	13	11	1	1	...	...	2	6	...	1	3	2	6	...	...	54	3	186
SHARDLOW	2	...	3	...	6	4	5	1	...	21	6	51	2	1	16	47	3	19	16	9	2	...	2	1	9	...	4	22	4	12	...	...	81	6	355
SUDBURY	1	...	...	...	...	...	...	2	1	2	1	2	5	2	...	1	3	...	...	...	...	...	1	...	...	...	3	1	...	...	6	...	31
TOTAL OF RURAL DISTRICTS	2	1	25	9	40	26	100	12	3	145	62	282	26	23	187	392	78	239	270	39	21	26	16	16	79	10	17	235	34	135	2	...	699	32	3283

WHOLE COUNTY.

RURAL DISTRICTS	2	1	25	9	40	26	100	12	3	145	62	282	26	23	187	392	78	239	270	39	21	26	16	16	79	10	17	235	34	135	2	...	699	32	3283
URBAN DISTRICTS	1	1	44	5	36	26	95	16	1	219	55	322	19	42	281	469	86	296	314	40	18	36	29	17	88	7	14	218	34	142	2	...	707	39	3719
WHOLE COUNTY	3	2	69	14	76	52	195	28	4	364	117	604	45	65	468	861	164	535	584	79	39	62	45	33	167	17	31	453	68	277	4	...	1406	71	7002

